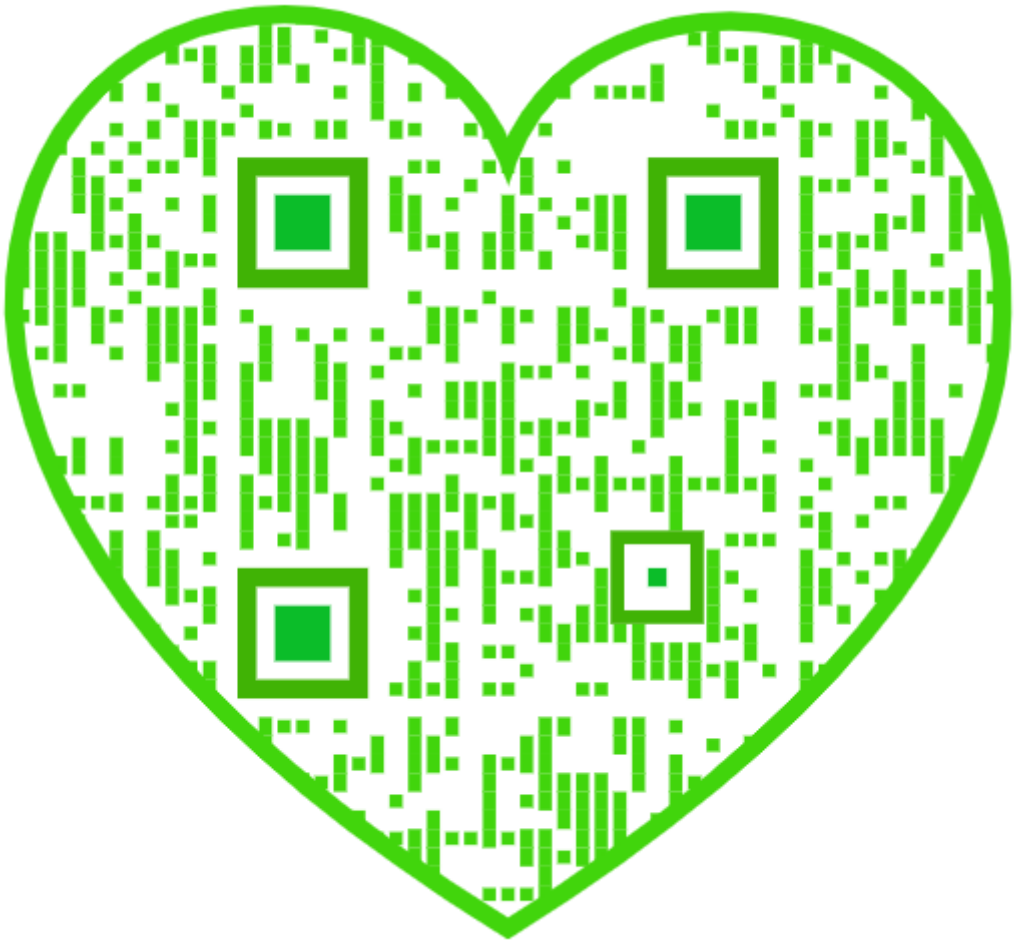

TEXTBOOK OF NURSING PROCEDURES

THE MACMILLAN COMPANY
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TORONTO

Fig. 1. Demonstration room.

TEXTBOOK
OF
NURSING PROCEDURES

BY

ANNA C. JAMMÉ, R.N.

Graduate of Johns Hopkins Hospital Training School for Nurses. Formerly Superintendent of Nurses of New England Hospital for Women and Children, Boston; Superintendent and Founder of School of Nursing, St. Mary's Hospital, Rochester, Minnesota. Director of Bureau of Registration of Nurses, California State Board of Health

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PREFATORY NOTE

Teaching the technical part of nursing has been directed for some time toward class room demonstration and the development of the idea of presenting to the student, early in her course, the method of carrying out practical procedures before she puts them into actual practice in the care of patients.

This series of demonstrations has been prepared for class room work in the early part of the course and is intended to serve as a companion book to a nursing manual. It is anticipated that instruction on the reasons for carrying out methods will accompany each demonstration with stress on the nursing principles involved.

An effort has been made to present each demonstration in a practical form and not to introduce unnecessary equipment or procedure that cannot be carried out in every school of nursing. The demonstrations are those commonly used and are given in the order that may occur as the course progresses.

Assistance in securing the photographs has been generously given by Miss Susan Parish, R.N. Superintendent of Nurses of the San Francisco Hospital, Miss M. G. Marhart, and Miss V. A. Knowles, instructors, and by students of this school.

ANNA C. JAMMÉ, R.N.

San Francisco, California.

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EQUIPMENT FOR DEMONSTRATION ROOM

Furniture

Students' chairs
Unvarnished table (3 ft. by 6 ft.)
Instructor's table and chair
Blackboard (large size)
Skeleton
Anatomical charts, drawings, etc.
Pencil sharpener
Bed and mattress
Hospital doll
One bedside table
Two bedside chairs

Utensils

2 large enamel basins
2 small enamel basins
2 small enamel bowls
2 curved basins
1 foot tub
2 enamel pitchers (2 qts.)
1 enamel graduate (16 oz. 500 c.c.)
2 large bed-pans
1 small bed-pan
1 douche pan
1 irrigator and stand
1 saucepan (1 qt.)
1 large tray
1 medium size tray
1 small tray
2 small glass jars
1 small glass dish
1 glass graduate (500 c.c.)
Clinical thermometers for class
1 bath thermometer
1 glass douche point
2 glass catheters
6 medicine glasses
1 hypodermic syringe
2 hypodermic needles
2 hypodermoclysis needles
1 hypodermoclysis bottle
1 stupe wringer

Linen

6 large sheets
4 draw sheets
6 pillow slips
6 bath towels
6 hand towels
6 wash cloths

EQUIPMENT FOR DEMONSTRATION ROOM

6 dressing towels
2 bed blankets
1 long mattress pad
1 small quilted pad
5 bath blankets
1 bed spread
2 abdominal binders
1 Scultetus bandage
Gauze, cheese cloth, flanelette
Roller bandages various widths

Rubber Goods

1 long rubber sheet
1 small rubber sheet
1 piece Stork sheeting (18×24)
1 piece bed rubber sheeting (24×36)
2 ice caps
1 pair rubber gloves
1 rectal tube
1 hard rubber rectal point
1 rubber catheter
1 rubber ring
1 proctoclysis tube
1 rubber apron
3 hot water bags

Miscellaneous

Vaseline
Application sticks
Toothpicks
Mouth wash
Comb and brush
1 small dressing forceps
Small whisk broom
Toilet soap
Talcum powder
Rubbing fluid
Charts
Blank form for requisitions
Toilet basket
Toilet tray

Drugs

Blank tablets
Suppositories (cocoa butter and glycerin)
Alcohol (50%)
Turpentine, 4 oz.
Mustard
Flour
Lysol solution (10%)
Parasiticide
Carbolic solution
Boracic acid
Bichloride solution (1–1000)
Bichloride tablets (7½ grs.)
Common salt
Linseed meal
Treatment trays

EQUIPMENT FOR DEMONSTRATION ROOM

List of Trays

Bath Tray

Large white enamel tray
Basin
Soap
Alcohol, 50%
Toilet powder
Curved basin
Tooth brush, mouth wash or tooth paste
Comb and brush
Two wash cloths
One bath towel, two face towels
Bath thermometer

Toilet Tray

Alcohol, 50%
Talcum powder
Six orangewood sticks
Bottle liquid soap solution
Small whisk broom
Paper bags for waste

Hypodermic Tray

White enamel tray containing:
Alcohol lamp
Small bottle of alcohol
Hypodermic syringe and needles
Jar of sterile pledgets, or gauze sponges
Minim glass of water, or bottle of distilled water
Spoon for holding needle
Small dressing forceps
Small glass dish for drug
Small box of matches and bowl for waste

Douche Tray

White enamel tray
Douche can and tubing with stop cock or clamp
Glass douche nozzle (sterilized)
Bath thermometer (sterilized in carbolic or lysol solution (10%—1.10)
Jar of cotton pledgets or gauze
Paper bag
Bath towel
Pitcher containing solution for douche

Thermometer Tray

(For Mouth Thermometer)
White enamel tray
Two small enamel dishes containing alcohol, 50%, or lysol, 2%
Six clinical thermometers
Glass containing plain water
Glass containing soap solution
Jar of cotton pledgets
Bowl for waste cotton
(For Rectal Thermometer)
Two rectal thermometers
Tube vaseline
Glass containing disinfectant solution—2% lysol
Squares of cotton, gauze, or several squares of toilet paper

EQUIPMENT FOR DEMONSTRATION ROOM

Enema Tray

White enamel tray
Rubber sheet 20×30 in.
Bath towel
Enema can, rubber tubing with stop cock
Hard rectal nozzle, or soft rubber rectal tube
Vaseline and wooden applicator
Toilet paper, paper bag
Pitcher or glass graduate holding
2 qts. (2000 c.c.) of soap solution temp. 105° F.
Small pitcher or graduate containing warm water for cleaning
Bath thermometer to test heat of soap solution

Fomentation Tray

White enamel tray
Flannel fomentation cloths, 2
Fomentation cover (oil, muslin, flannel or pad)
Stupe wringer or bath towel for wringing stupe
Basin
Pitcher for hot water
Abdominal binder, safety pins
Towel

Catheterization Tray

White enamel tray
Package of sterile towels
Package of sterile cotton pledgets
Two sterilized glass and two rubber catheters
Small sterile basin for boric solution
Basin to receive urine
Sterile forceps
Sterilized oil or glycerin to lubricate rubber catheters if used
Paper bag

Lumbar Puncture Tray

White enamel tray
Lumbar puncture needles, 2
Blood-letting needles, 2
Hemostats, 2
Test tubes (sterile), 4
Sterile corks
Alcohol, 70%
Iodine, 3½%
Collodion
Cotton
Sponges
Sterile towels
Adhesive
Syringe, 30 c.c. and needles
Syringe, 10 c.c. and needles
Kidney basin

Dressing Tray

White enamel tray
Sterile towels
Sterile sponges
Sterile dressing

EQUIPMENT FOR DEMONSTRATION ROOM

Roller bandages, various widths
Iodine
Alcohol, 50%
Small sterilized basin for solution
Applicators
Adhesive
Paper bag
Instruments:
Scissors, groove director, hemostats, probe, thumb forceps, dressing forceps, bandage scissors

Proctoclysis Tray

Proctoclysis tube and accessories
Glass graduate
Bath thermometer
Vaseline, applicator
Gauze sponges
Salt solution
Two towels
One small basin

Paracentesis Tray

White enamel tray
Local anaesthetic
Trocar and canula
Rubber tubing
Scalpel
Probe
Scissors
Artery clamps, 2
Suture needles and suture silk
Forceps
Sterile sponges
Sterile towels
Gauze dressing
Adhesive plaster

Examination Tray (Vaginal)

White enamel tray
Jar or tube of sterile vaseline
Speculum
Long uterine dressing forceps
One pair long handled blunt scissors
Jar of cotton pledgets
Bowl for solution
Two dressing towels, paper bag
Hot water, soap, sterile rubber gloves for doctor and an additional pair for rectal examination if required

Preparation Tray

White enamel tray
Tincture green soap
Alcohol, 70%
Benzine, Iodine
Safety razor
Dressing bowl
Safety pins, 1 doz.
Toilet paper
Sponges
Paper bag
Abdominal binder
T binder
Perineal pad
Sterile towels
Sterile gloves

EQUIPMENT FOR DEMONSTRATION ROOM

Hypodermoclysis Tray

Large tray containing:
Sterilized container for solution
Special needles with rubber tubing and clamp attached
Two flasks containing normal salt solution
Package of large cotton pledgets
Bottle of tincture of iodine and swabs for applying same
Glass thermometer (sterilized in lysol or alcohol), paper bag
Collodion or roll of adhesive
Package of sterile towels

Gastric Lavage Tray

Stomach tube and funnel
Basin for ice water
Glycerin
Rubber apron or sheet
Politzer bag
Glass graduate
Gauze sponges
Two towels
Safety pins
Two pitchers, one large and one small

Medicine Tray

White enamel or aluminum tray 12×9
12 medicine glasses
2 teaspoons
2 droppers
1 minim glass
1 small glass or enamel pitcher
1 tablet dish

Ear, Nose and Throat Tray

Hand mirror
Metal tongue depressor
Nasal specula
Aural specula
Angular forceps
Mouth gag

Laryngeal Tray

Mirrors (assorted)
Metal cotton applicators
Wooden tongue depressor
Cotton
Bowl for waste

TEXTBOOK OF NURSING PROCEDURES

FIRST DEMONSTRATION

SWEEPING AND DUSTING

Articles Required.

1. Demonstration room and furnishings and in addition small carpet rugs.
2. Cheesecloth duster for each member of class.
3. Basin containing warm water for wringing out duster.
4. Small whisk broom.
5. Carpet sweeper.
6. Hair broom.
7. Dry mop.
8. Dustpan and brush.
9. Sheet of newspaper.

Procedure.

Clean rugs by using carpet sweeper which roll over rugs several times until all dust and lint is gathered, roll up and place at one side of room. Brush floor with hair broom, using long strokes and gathering lint to center. Collect in dustpan, empty pan in

sheet of newspaper. Collect lint from broom, roll up newspaper and put in scrap basket.

For dusting use cheesecloth duster wrung almost dry and wipe all surfaces of bed, tables, chairs, window sills, etc. Use long strokes and go over each surface but once and with particular attention to corners. Avoid unnecessary motions, knocking bed or other furniture. When dusting is completed, lay rug in place and see that furniture is in proper place.

SECOND DEMONSTRATION

CLEANING UTENSILS AND SINKS

Articles Required.

1. Bed-pans, basins, enema cans and other utensils found in utility rooms.
2. Two cleaning cloths for each member of class.
3. Bed-pan brush.
4. Soap, Dutch Cleanser, clorox or chloride of lime.

Procedure.

Following instruction and demonstration on method of cleaning bed-pans, basins, sinks and other utility room equipment, including the use of soaps, cleansing powders, etc., disinfecting and boiling utensils, each student should be required to clean properly same in class room and later in utility room, until procedure is thoroughly understood.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

THIRD DEMONSTRATION

CLEANING MEDICINE CLOSET

Articles Required.

1. Medicine closet and glass utensils in demonstration room.
2. Soft cleaning cloths, soap, bon ami, household ammonia, basin.

Procedure.

Wipe off bottles with warm soapy water being careful not to deface labels and to replace bottles where found. Wipe off shelves and dry, if necessary, use bon ami or a few drops of ammonia in water. If closet has glass doors clean with bon ami by making a soft emulsion and apply to both sides of glass, allow to dry and rub off with clean cloth. Wash white paint with soap and water and dry. If very dirty use a few drops of ammonia in water.

FOURTH DEMONSTRATION

TO FOLD AND STACK LINEN

Required.

Linen closet of demonstration room; general linen from a ward linen room.

Procedure.

Following instruction on care and method of handling soiled and clean linen, demonstration will consist in folding and stacking linen in general and ward linen rooms, to be continued by students until method is thoroughly understood and neatly carried out. (See Fig. 2.)

FIFTH DEMONSTRATION

MAKING BED WITHOUT PATIENT

Articles Required.

1. Hospital bed.
2. Mattress of hair or cotton to fit bed and in good condition.
3. Two pillows, one feather and one hair, or two of feathers, of medium size and moderately well filled.
4. Quilted mattress pad, length and width of mattress or a mattress cover of stout cotton, which envelops the entire mattress and is tied in place.
5. Rubber sheet, double coated and without wrinkles, creases or pin holes,— new one preferable.
6. Quilted pad to cover rubber sheet of sufficient length to tuck in at sides of mattress and same width as rubber sheet.
7. Two sheets, large enough to tuck under mattress on all sides.
8. Draw sheet, single or double.
9. Two pillow slips.
10. Two blankets — single blankets preferred.
11. Bed spread — dimity preferred.

Procedure.

Place mattress straight on springs, cover with mattress pad; spread sheet with right side of hems uppermost, wide hem at top, allowing sufficient at head to tuck well under mattress, turn each corner with box or diagonal effect (see Fig. 3), commencing with first upper corner, first lower, second lower and finishing with second upper corner. See that sheet is well tucked in at sides and is perfectly smooth and tight over mattress. (See Fig. 4.)

Place rubber sheet across center of mattress and tuck in at side, place quilted pad over rubber, which protects patient from discomfort of rubber, tuck in firmly at side; cover with draw sheet, tuck in firmly on each side. See that there are no wrinkles in rubber, pad or draw sheet. (See Fig. 6.) Spread top sheet, right side of hems down, wide hem at top, and the full width of hem above the upper edge of mattress, tuck in at foot, turn corners as in case of lower sheet, do not tuck in sides of sheet.

Spread blanket, leave about ten inches from top edge of mattress, tuck in at foot and turn corners as in sheet, spread second blanket in same way as first and turn lower corners. Turn down top sheet over upper edge of blankets, tuck in blankets and top sheet securely on each side. The bed should now be smooth, firm and corners square. (See Fig. 7.) Place spread with upper edge even with upper border of mattress, same length on each side, tuck in at foot, turn corners and allow spread to

hang at each side. Pillows are slipped into cases by first placing pillow on chair or table, and not on bed, draw on pillow cases and see that corners of pillow are shaken or pressed well into corner of pillow case. Hair pillows, if used, or one feather pillow is first laid flat on bed, seam side to head of bed, open end on side away from door. Second pillow standing upright, or flat, seam side at lower border, open end on side away from door. (See Fig. 8.)

Note: Instruction in making the bed with unnecessary motions or knocking the bed while going from one side to the other should accompany this demonstration.

SIXTH DEMONSTRATION

PREPARING BED FOR PATIENT

Procedure.

Remove pillows to chair or foot of bed, turn back spread about fourteen inches, loosen blankets and top sheet at sides, turn up top sheet toward head of bed, bring up spread and turn over and under upper border of blankets, turn top sheet down over spread, turn down sheet, blanket and spread together, making a fold about 12 inches wide, see that turn on sides of bed are straight and same width.

Place first pillow flat on bed, open end away from door. Place second pillow flat on top of first with open end away from door. See that bed is smooth and corners tight. (See Fig. 9.)

SEVENTH DEMONSTRATION

TO STRIP AND AIR A BED

Procedure.

Place two chairs, back to back, at foot or side of bed, remove spread and fold in creases, place over tops of chairs, loosen sheets and blankets around mattress, remove pillows, place one on each chair, remove blankets, each separately, and by gathering in hands while standing at side of bed, remove upper sheet and draw sheet in same manner, hang rubber sheet and small pad on foot of bed, remove lower sheet, hang mattress protector on head of bed. (See Fig. 10.)

EIGHTH DEMONSTRATION

TO PREPARE BED FOR SURGICAL PATIENT

Articles Required.

Same as for Fifth Demonstration, with addition of:

1. Two woolen blankets.
2. Rubber sheeting, 18 × 24 inches.
3. Two dressing towels.
4. Four safety pins.
5. Three hot water bags or cans filled with water 160° F.
6. A knee pillow.
7. Gauze squares for mouth wipes.
8. Kidney basin.
9. Paper bag to receive wipes.
10. Blocks to place under foot or head of bed, if required.

Procedure.

Spread mattress protector, lower sheet, rubber sheet, pad over rubber and draw sheet as in making a closed bed. Spread one bath blanket 15 inches from top of mattress and tuck in on sides and foot. At this point place the three hot water bags or cans

in center middle line of bed, where feet, hips and shoulders will rest. Spread second bath blanket 6 inches from top of mattress, spread top sheet, width of hem above upper edge of mattress, spread bed blankets, also spread, as in making closed bed with exception that blankets or sheets are not tucked in. Turn over upper bed clothes at head, including the upper bath blanket and make an even fold 8–10 inches in width. Turn over in same manner at foot of bed and at one side, that most convenient for placing patient in bed, have all folds same width if possible. Tuck in on opposite side. Place rubber sheet where head will rest and over this a towel pinned in place with four safety pins.

Bedside Table. On table place kidney basin, towel, small squares of gauze, pin paper bag to edge of mattress. Have knee roll on chair, ready to place under patient's knees after being put into bed. Have blocks under bed ready to place if necessary.

NOTE. Instruction on arrangement of bed in individual cases, according to operation and where protection will be required, should accompany this demonstration. (See Fig. 11.)

Fig. 2. Corner of linen room adjoining demonstration room.

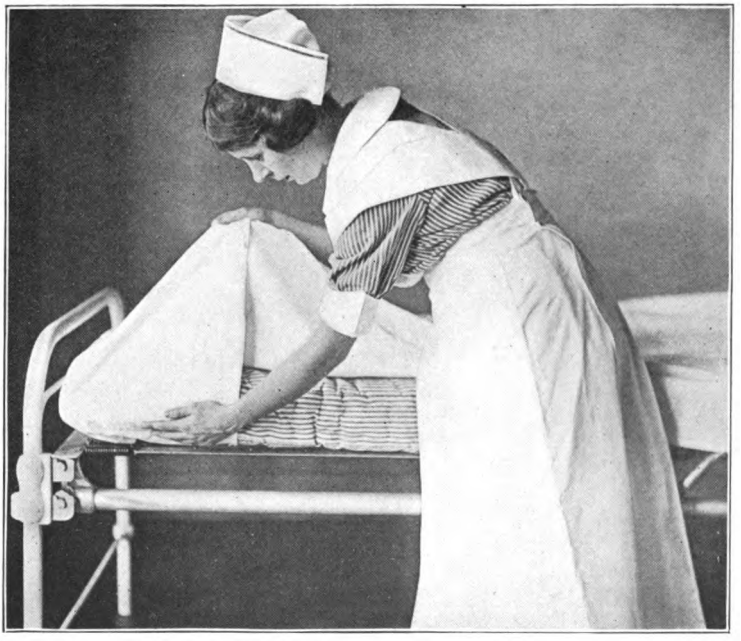


Fig. 3. Turning corner of under sheet.

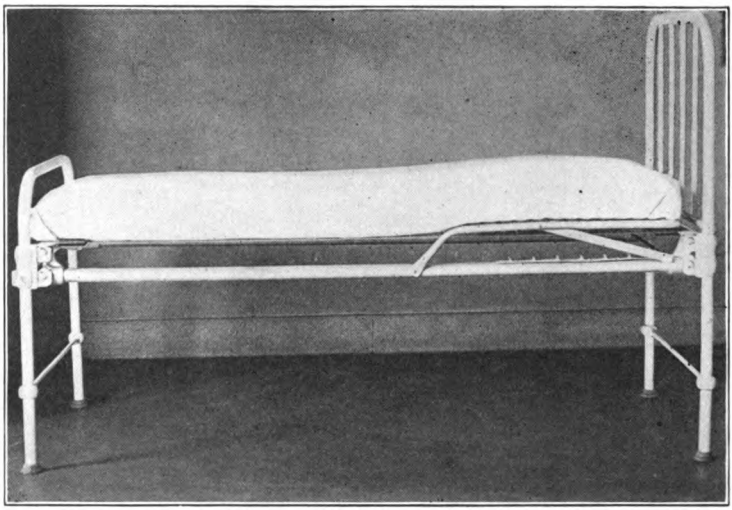


Fig. 4. Lower sheet in place.

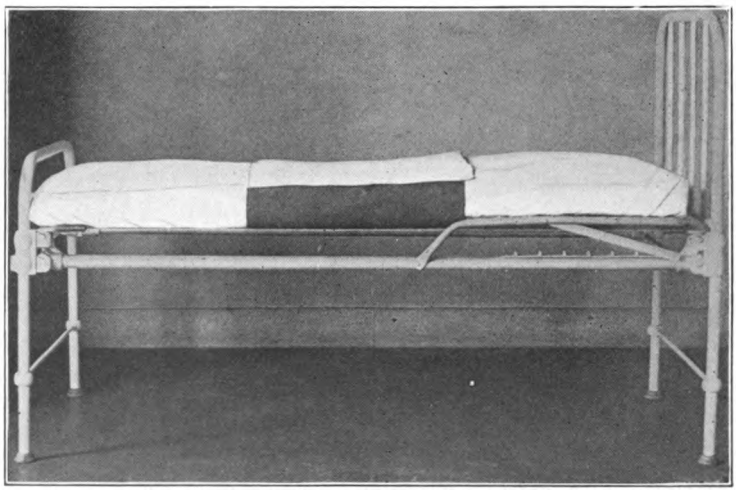


Fig. 5. A small quilted pad covers the rubber sheet.

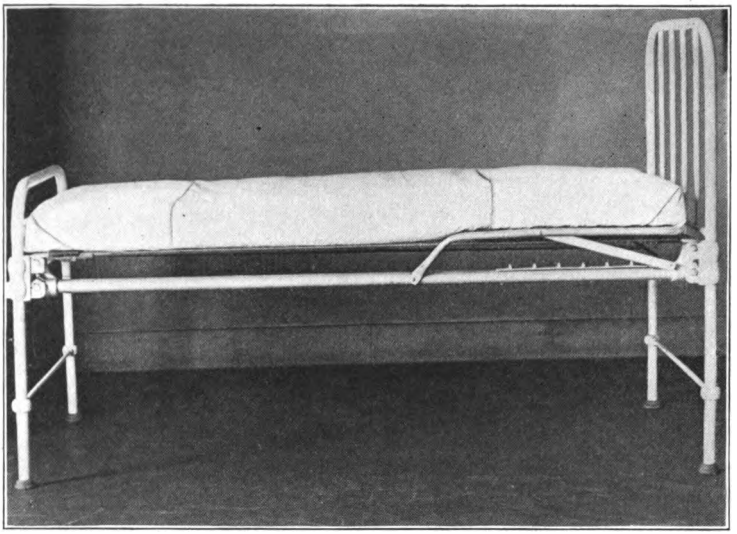


Fig. 6. Draw sheet in place.

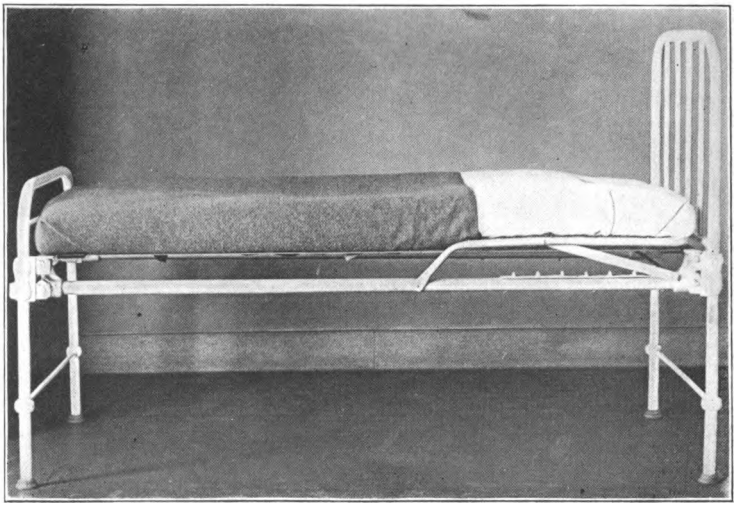


Fig. 7. Upper sheet turned back over blankets.

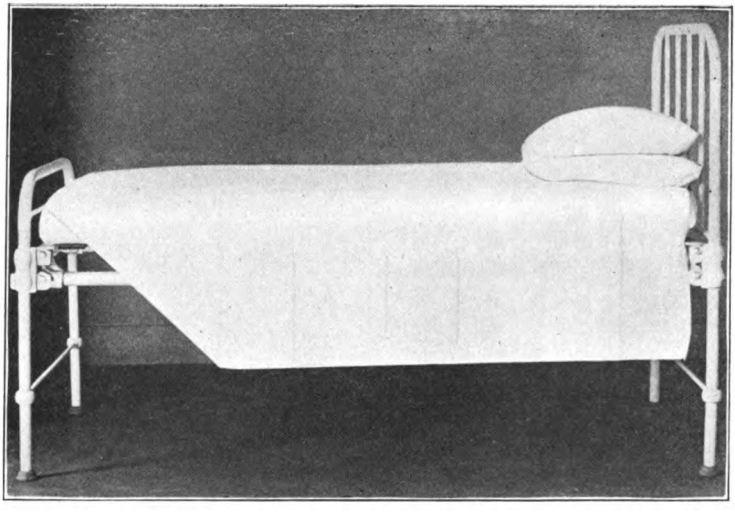


Fig. 8. Bed completed.

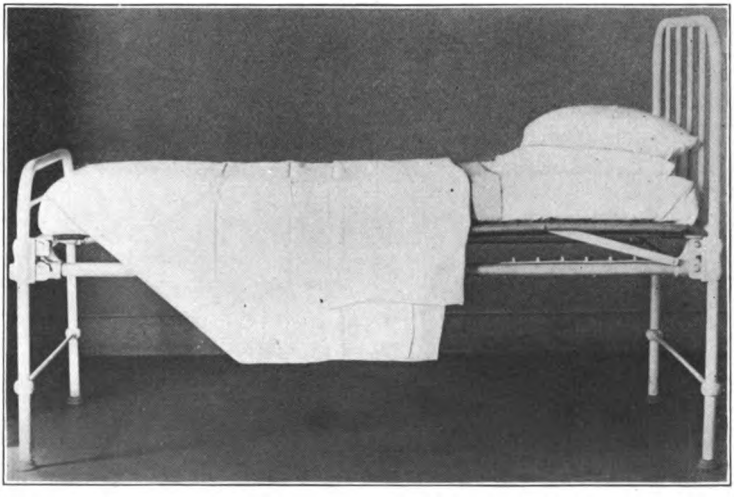


Fig. 9. Bed opened.

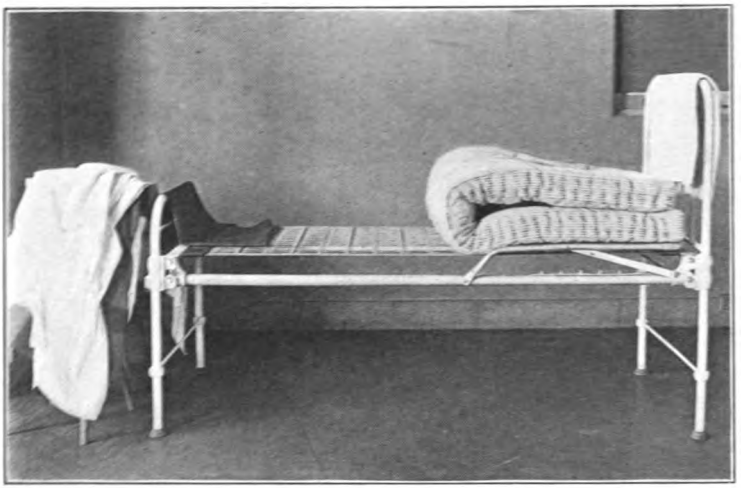


Fig. 10. Bed stripped and airing.

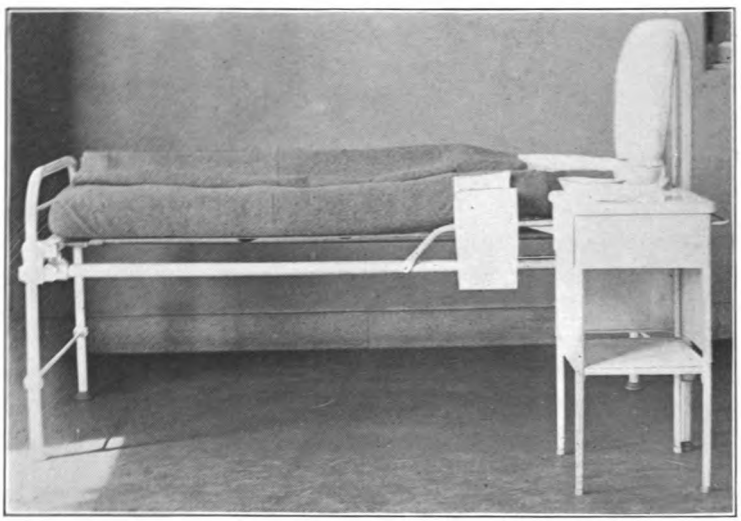


Fig. 11. Bed prepared for surgical patient.

NINTH DEMONSTRATION

TO PREPARE BED FOR OBSTETRICAL PATIENT

Articles Required.

Same as for Fifth Demonstration, and in addition:

1. Long rubber sheet length and width of mattress.
2. One long sheet and one draw sheet.
3. One light warm blanket.

Procedure.

Proceed as in making closed bed, until after draw sheet is tucked in, cover bed with long rubber and over this place extra sheet, tuck in on all sides; place extra draw sheet and tuck in securely.

For the delivery, a sterile sheet is placed over this. If patient is to remain in delivery bed after delivery both sheets and long rubber are removed and patient is in clean bedding. Blanket will cover patient, or, if necessary, upper bed clothes may be put on as in ordinary cases.

TENTH DEMONSTRATION

MAKING BED WITH PATIENT IN IT

Articles Required.

1. Full change of linen.
2. Hospital doll or subject.
3. Whisk broom.

Procedure.

Loosen bed clothes from all sides of mattress, remove spread, fold in creases and place on chair, remove upper blanket, as in stripping bed, turn up sides and lower edge of blanket and upper sheet. Remove pillows by supporting patient's head with one hand and remove with the other (see Fig. 12), place pillows on chair. Turn patient to one side, gather draw sheet in folds close to patient's back, if pad over rubber is not to be changed, turn it over patient's side, if it is to be changed, fold in flat folds close to patient, gather lower sheet in flat folds as close as possible to patient's back. (See Fig. 20.) Brush off mattress with whisk broom. Take clean lower sheet, divide equally or see that center crease is laid on middle line of mattress, unfold side nearest to you, tuck in at head of mattress,

turn corner, tuck in at foot of bed, turn corner, tuck in sides, bring over and straighten rubber, bring over and straighten pad, if not changed, if changed, place half of clean pad over rubber, tuck edge under mattress. Take half of draw sheet and tuck in side. Folds of lower sheet, rubber, draw sheet, and pad must be made as flat as possible. One half of the lower part is now made and ready for patient. Go to opposite side of bed, turn patient carefully on other side, on clean smooth part, draw out lower sheet, tuck over head of mattress, turn corner, turn over foot of mattress, turn corner, tuck in side securely. Draw out rubber sheet and pad, tuck in, draw out draw sheet and tuck in securely. Turn patient on back. Change pillow slips, place pillows under head by supporting head with one hand and adjusting pillow under shoulder and head with other hand. Spread clean top sheet over blanket, spread second blanket, remove sheet and first blanket by grasping top of second blanket and clean sheet in one hand and with the other draw down and out the soiled sheet and first blanket, place both on chair, roll up soiled sheets preparatory to sending to laundry. Under no circumstances, throw soiled sheets on floor. Spread remaining blanket over patient, tuck in at foot and not too tight to allow sufficient room for feet, turn corners. Place spread over blankets, turn over upper border as in closed bed, turn back upper border of sheet, tuck in at foot, turn corners.

NOTE: This procedure can be followed in ordinary cases and when patient can turn or be turned easily and performed by one student. In cases where patient cannot be turned easily, two students should do the procedure, one on each side of the bed.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

ELEVENTH DEMONSTRATION

GIVING A BED BATH

Articles Required.

1. Bed with subject in bed (hospital doll, student or patient).
2. Two bedside chairs.
3. Bedside table.
4. Two bath blankets.
5. Slop jar.
6. Two pitchers, one containing hot, the other, cold water.
7. Hot water bag, filled.
8. Bath tray containing:
   (a) Basin.
   (b) Soap, alcohol 50%, toilet powder.
   (c) Curved basin, toothbrush, mouth wash or tooth paste, comb and brush.
   (d) Two wash cloths, one bath towel, two face towels.
   (e) Bath thermometer.

Procedure.

Have two chairs at foot of bed, loosen bedding from all around mattress, remove spread and blan-

ket, as in stripping bed, and place on chairs, spread bath blanket over upper sheet, remove sheet in a downward direction while holding upper border of blanket. Remove patient's gown by first drawing up gown from under hips, then remove one sleeve and while supporting the patient remove the gown over the head and other arm.

When patient can not be raised, turn first on one side and remove one sleeve, then bringing the gown over the head, turn on back and remove other sleeve.

Place second bath blanket under patient by first turning her on one side, then place half of blanket over one side of bed, turn patient back and draw blanket over on other side.

The patient is now between two bath blankets. If required, place hot water bag at feet, place one face towel on upper border of top blanket and turn well over edge to keep blanket from coming in contact with chin. Remove one pillow and place towel under patient's head. (See Fig. 13.)

To give the bath. Have water in basin desired temperature, which may be 95–100°. Test with bath thermometer. Bathe face, using wash cloth so that ends will not drip or drag over skin, wash carefully in corners of eyes, around nose and mouth and under chin. (See Fig. 14.) Do not use soap unless requested. Dry thoroughly. Bathe neck and ears, using soap, being careful not to fill ears with soapy water, dry thoroughly, especially behind ears.

Spread bath towel under one arm and over edge

of blanket. Use second wash cloth and bathe arms with soapy water, using a firm even motion and giving special attention to axilla. While bathing arm, the nurse should support it by placing hand under patient's wrist, and never allow it to drop suddenly. (See Fig. 15.) After arms are well dried with bath towel, place hand towel on bed and over this set basin and immerse patient's hand in water. (See Fig. 16.) After washing thoroughly, remove basin and dry. Bathe other hand in same manner. Renew water in basin. Bathe chest, using firm circular strokes. Abdomen is then bathed, working under blanket in order not to expose patient.

Patient is then turned on side, bath towel placed over lower blanket and brought close to back, back is bathed, using firm circular strokes, dry thoroughly, finishing with long strokes down spine. Renew water in basin. Expose one thigh, place bath towel over blanket, bathe from hip to knee and dry. (See Fig. 17.) Expose lower leg and bathe from knee to ankle. Bathe other leg in same manner, covering patient with blanket after finishing each. Have patient flex knees, place bath towel on bed, over this set basin (not too full) and place one foot at a time in basin, bathe carefully and allow it to remain for a few minutes in the water. (See Fig. 18.) Remove, dry and renew water.

In giving a bath to a female patient, the genitals are then bathed, if a male patient, this is done by the orderly, or by the patient himself. In the latter in-

stance the nurse places wash cloth and towel conveniently near and leaves the room until the patient summons her by signal.

The back, hip and shoulder prominences are then rubbed with alcohol, 50%, or a rubbing fluid and talcum powder used if desired.

The night gown is then put on by putting first one arm, then the other, into the sleeves and slipping it over the head, shoulders and under hips. Turn patient on side to remove lower bath blanket and change sheet and draw sheet. This is done by pushing up soiled lower sheet and clean sheet close to patient's back, put on clean lower sheet on half of bed, folding the remainder of both sheets in flat folds close to patient's back with edge towards opposite side. Go to other side of bed and turn patient over, draw out soiled sheets, take edge of lower sheet and draw over, pulling securely, tuck in corners in usual manner. Straighten rubber and rubber protector, take edge of clean draw sheet, pull and tuck securely in place. Patient is then turned on back, upper sheet put on and upper bath blanket removed. Blankets and spread are put on as in making the ordinary bed. Pillow slips are changed; in doing this, the pillow should never be placed on the bed but on a chair or table. Patient is raised and supported and pillows adjusted comfortably under shoulders and head.

The care of the mouth, hair and finger nails is part of the bath routine. To clean the nails, a hand

towel is placed over the spread under the hands, file and orangewood stick laid on it. If patient is well enough she may prefer to do this for herself; if not, it must be done by the nurse.

To clean the mouth, place hand towel under chin and have patient brush the teeth, or if unable to do so, nurse must clean carefully with applicator, or gauze over finger. Have patient rinse mouth with mouth wash, adjust curved basin under chin for expectoration. (See Fig. 21.)

To arrange the hair, a hand towel is laid over the pillow, the patient's head turned to one side and the hair divided into two parts, brush carefully and somewhat slowly, combing must be done gently, the hair being held in the hand to prevent pulling. After tangles are removed, the hair is braided near the ears and the ends of the braid tied. In doing the hair the nurse stands on either side of the bed, she should never work across the patient.

In male patients the hair must be carefully brushed with special attention to the back of the head. (See Fig. 22.)

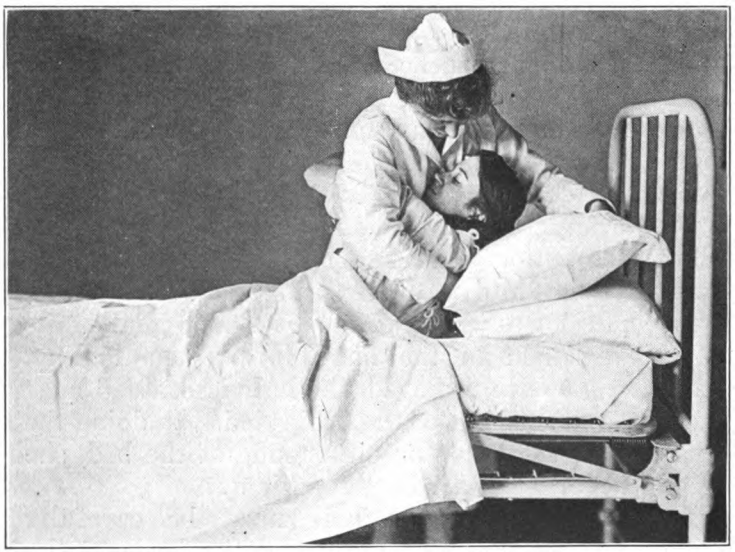


Fig. 12. Supporting shoulders while changing pillows.

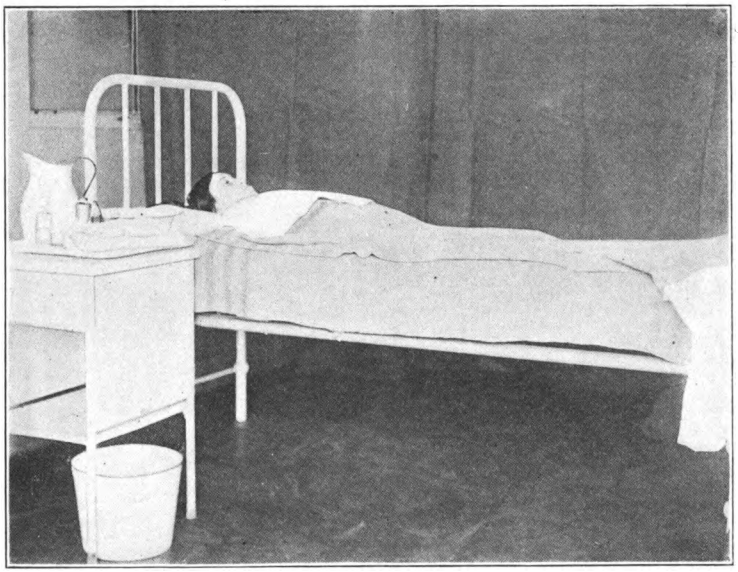


Fig. 13. Prepared for bath.

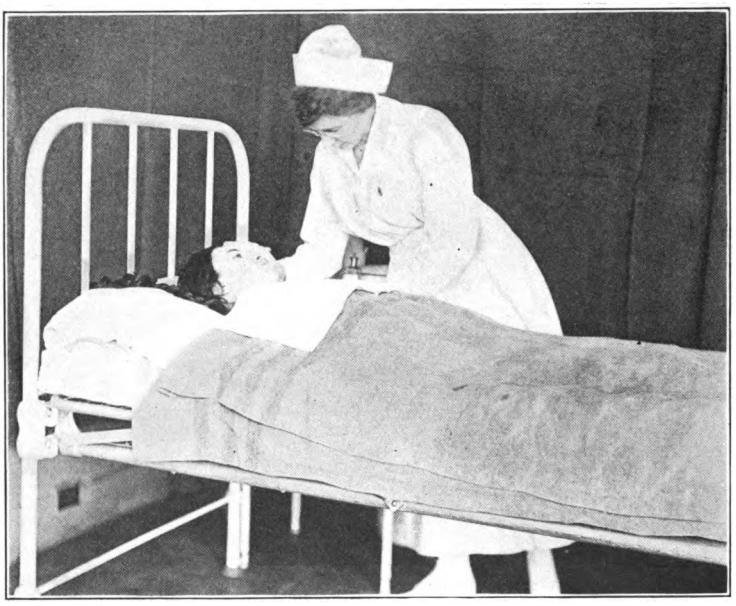


Fig. 14. Washing the face.

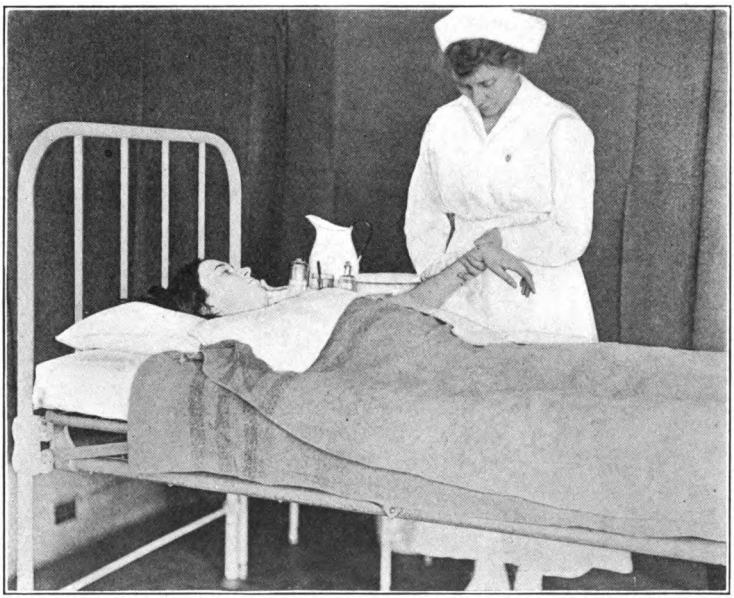


Fig. 15. The nurse supports the arm with one hand while bathing with the other.

Fig. 16. The hand is bathed over a basin of water.

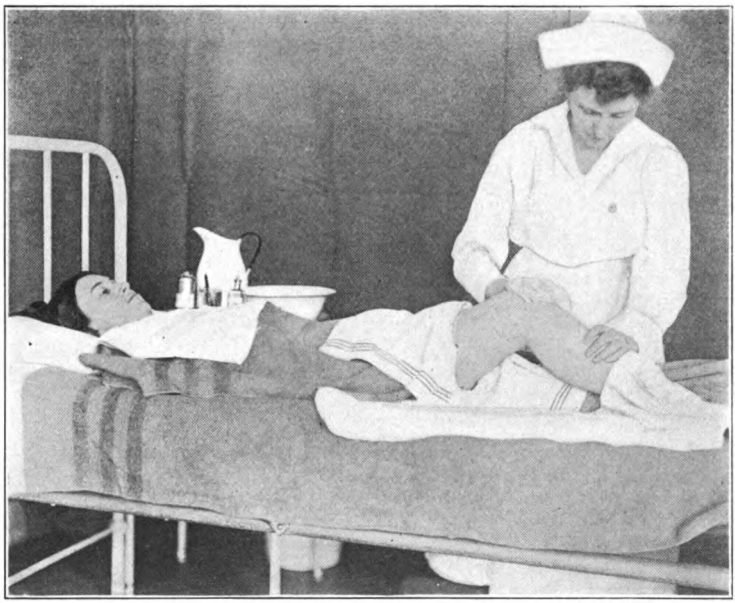


Fig. 17. The leg is bathed in sections with little exposure.

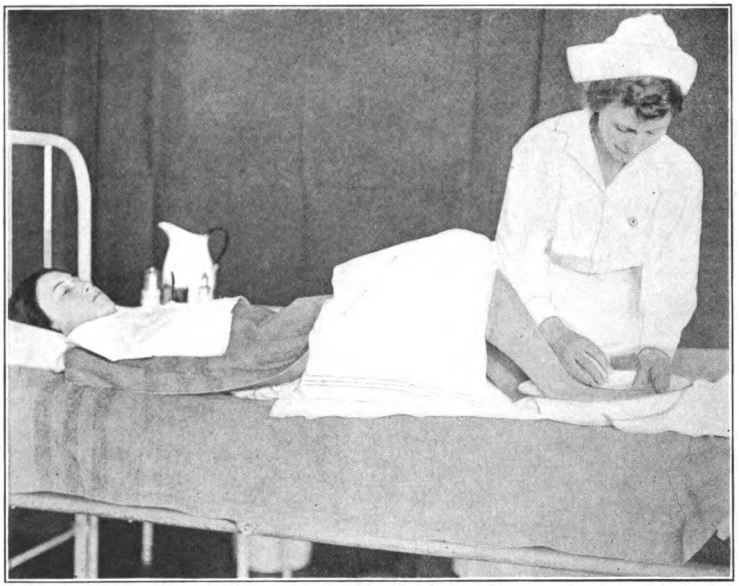


Fig. 18. The foot is placed in a basin of warm water.

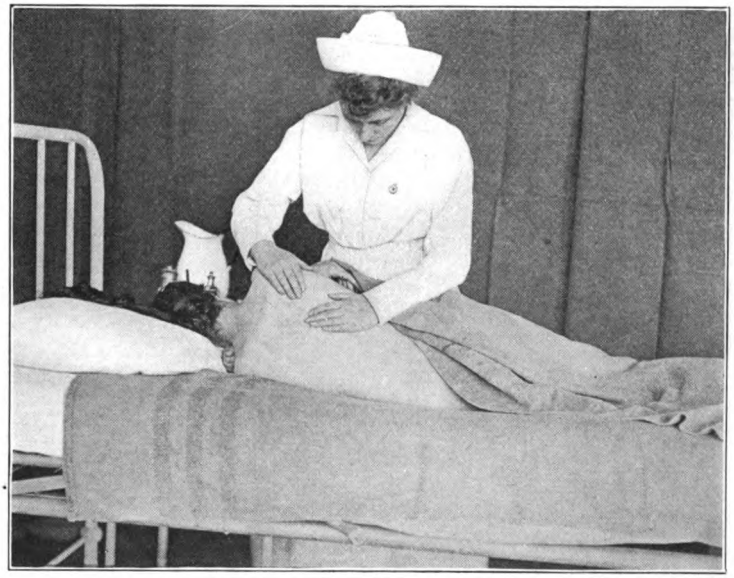


Fig. 19. The back is rubbed after the bath.

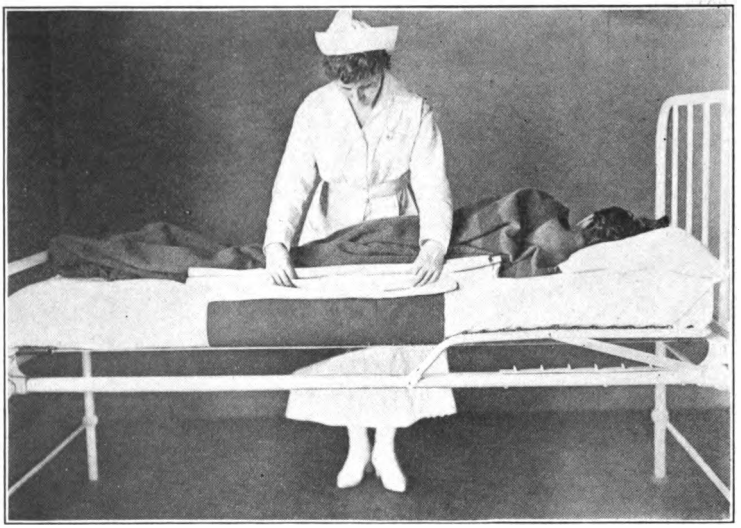


Fig. 20. Changing the draw sheet.

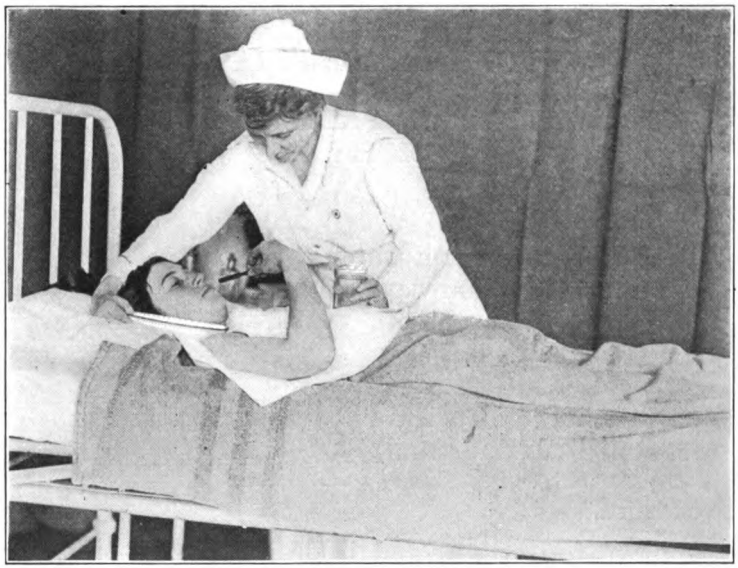


Fig. 21. Cleaning the teeth.

TWELFTH DEMONSTRATION

PREPARATION OF PATIENT FOR THE NIGHT

Articles Required.

1. Basin with warm water.
2. Hand towel and wash cloth.
3. Curved basin, tooth brush, tooth paste, or mouth wash.
4. Comb and brush.
5. Alcohol (50%), and talcum powder.
6. Small whisk broom.

Procedure.

Remove top pillow, and if desired lower pillow, turn back spread over foot of bed. Place hand towel under chin, wash face and dry. Spread hand towel over spread, set basin conveniently on either side, immerse hand, wash with soap and water, allowing each hand to remain a few minutes in the water, remove basin, dry hands.

Again place hand towel under chin and have patient cleanse mouth and teeth as in Eleventh Demonstration. Rearrange or brush hair.

Have patient use bedpan or urinal. If female,

wash genitals and douche externally, dry with cotton or gauze. Turn patient on side, brush out crumbs, using small whisk broom kept for this purpose. Loosen draw sheet from side of mattress, also rubber sheet and lower sheet, pull each firmly and retuck under mattress snugly.

Rub back and over hips, using firm circular strokes, finishing with long strokes down spine. Turn patient, go to opposite side of bed and proceed as before, pull nightgown down in place.

Turn down spread and blankets over foot of bed, straighten top sheet, bring up each blanket separately over patient, bring up spread, turn over edge of blanket, turn back upper sheet. Shake and adjust pillows comfortably. See that bell or signal is within reach. Give glass of water, if desired, or leave small pitcher of water and glass on bedside table, arrange light. (See Fig. 23.)

THIRTEENTH DEMONSTRATION

CARE OF BACK, MOUTH, TEETH—GIVING AND REMOVING BED-PAN—USE OF HOT WATER BAG

Articles Required.

1. Bed prepared with subject (student or patient).
2. Lotion for rubbing back.
3. Talcum powder.
4. Small hair or feather pillows.
5. Rubber ring, rubber air cushion.
6. Mouth lotion, absorbent cotton, applicator, glass.
7. Curved basin, hand towel.
8. Small and large bed-pans, rubber or cotton covers, toilet paper.
9. Several hot water bags, and bag covers.

Procedure.

For care of back, have required articles in toilet basket or on tray. Then turn patient well on side toward student, turn back upper bed clothes over hips, draw up night gown to give free access to back and shoulders while rubbing. Pour a small amount of lotion on each hand, rub over scapula and shoulder

prominences with a circular motion, allowing one hand to follow the other in continuous succession; over spine and sides with long deep strokes, converging toward center of back at lumbar and sacral regions; over lumbar region with deep side strokes, commencing with both hands on spine and rubbing toward sides; over hips and buttocks with circular motion and with special attention to promontories of hip bones. Repeat several times, end each with long light strokes down spine. (See Fig. 19.)

NOTE: Instruction on cause and danger of pressure sores, use of rubber ring, air pillow and small pillows for comfort, should accompany this demonstration.

For care of mouth and teeth. Bring articles required on tray to bedside. Place hand towel under patient's chin, curved basin on one side close to chin. Pour a small quantity of mouth lotion into glass, wrap cotton around index finger, immerse in lotion and clean teeth and tongue and inside of cheek. Allow patient to rinse mouth and expectorate into curved basin. If teeth have deposit of sordes an applicator covered with cotton will have to be used to remove. (See Fig. 21.)

To give and remove bed-pan. Have bed-pan warmed, dry, and covered with bed-pan cover, which consists of a square of rubber sheeting, ticking or heavy cotton, before taking to bedside. Take with it a sufficient amount of toilet paper, remove cover,

have patient flex knees, place one hand under sacrum and with the other, adjust bed-pan comfortably. To remove after urination, either douche patient with warm water and dry with a piece of gauze, or dry with toilet paper. To remove after defecation, bring to bedside a clean bed-pan covered, remove soiled pan and place clean pan immediately under patient. Take soiled pan from room. Clean anus with toilet paper, douche off parts and dry, remove bed-pan. If inconvenient to use second bed-pan, cleanse patient well with toilet paper. Patient may prefer to do this herself and in such case, she should be given basin of water, soap and towel to cleanse the hands.

NOTE: Instruction on appearance of stool, method of describing and noting same on chart, should accompany this demonstration.

To fill and apply hot water bags. First, see that bag is in good condition and does not leak. Fill by means of a small funnel or from a pitcher. Have water about 130° to 150° F. for adults, 112–115 for children. Fill bag one-half to three-quarters full, expel air by depressing mouth of bag until water fills opening, screw on top securely, turn upside down and see that there is no leak from stopper. Cover with flannel bag or wrap with bath towel. (See Fig. 25.)

NOTE: Instruction in care of hot water bags, dan-

ger of burning, and administration in special cases, such as in old, debilitated or unconscious patients, babies and children, should accompany this demonstration.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

FOURTEENTH DEMONSTRATION

BATHING A CHILD

Articles Required.

1. Subject (small hospital doll or child).
2. Bath table covered with pad and bath towel.
3. Foot tub half filled with water 75° to 85° F.
4. Wash cloth.
5. Two soft towels.
6. Soap, powder.
7. Small bath blanket.

Procedure.

Place all articles within convenient reach. Undress child and place on table, cover with small bath blanket. Bathe face, head, neck and ears and dry. Lift into bath tub, holding child under head and shoulders with right hand with left grasp legs. With one hand still under head bathe body with other hand, using wash cloth and soap. (See Figs. 26 and 27.) Bathe carefully between folds of skin, between toes and around genitals. Lift child from tub on to bath towel. Cover with bath blanket and dry carefully. In girls separate labia and dry carefully, in boys draw back foreskin and remove

gently any dried secretion. Powder lightly and rub hand over surface of body to see that it is thoroughly dry. Put on diaper, under vest and other clothing.

NOTE: Instruction in handling sick children and in special cases, also the obligation of never leaving a child for one moment alone while on the table should accompany this demonstration.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

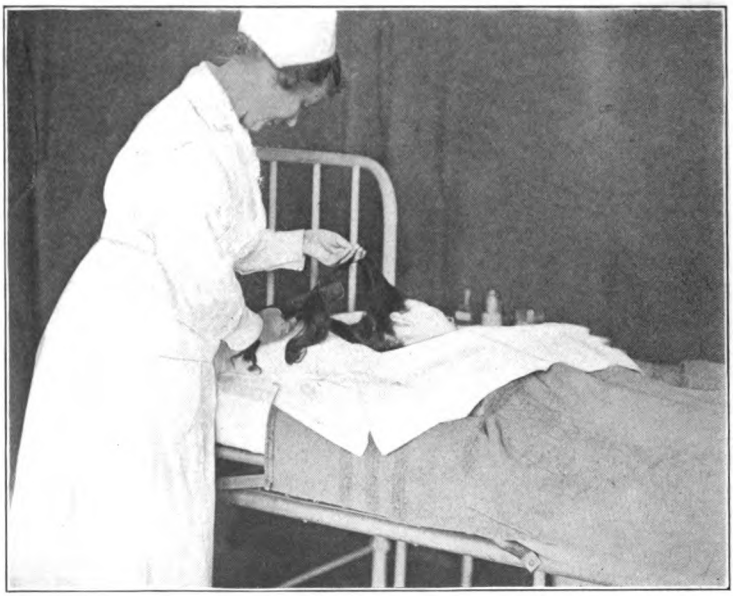


Fig. 22. Combing the hair.

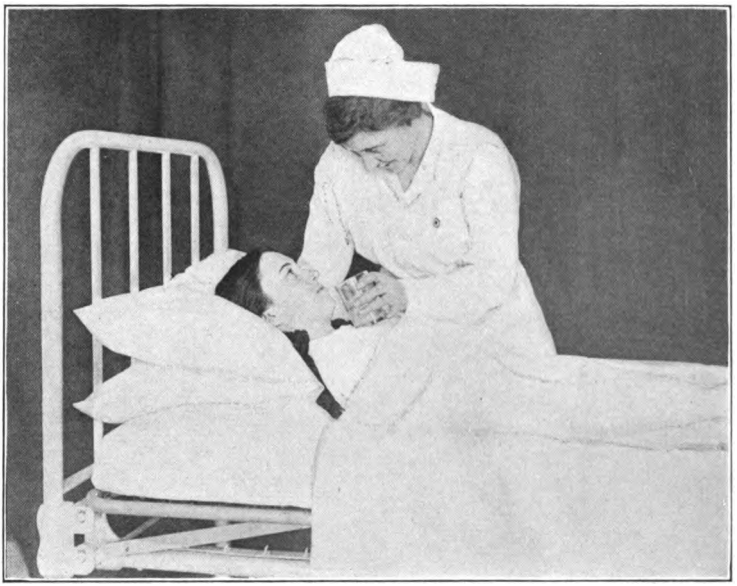


Fig. 23. Giving a glass of water.

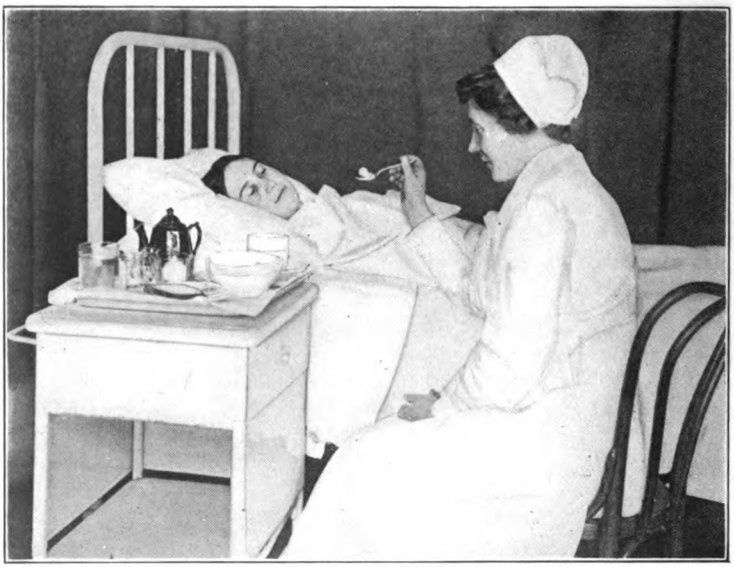


Fig. 24. The nurse sits while she is feeding the patient and there is no sense of hurry.

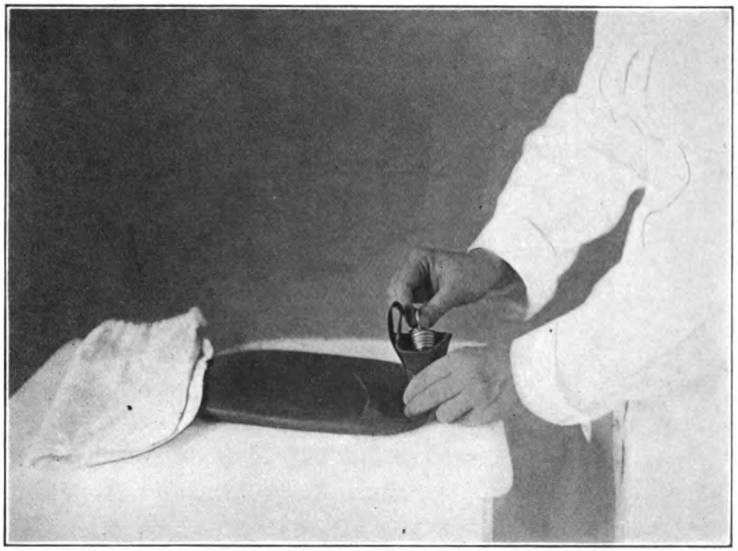


Fig. 25. Expelling the air before screwing on the top and covering the bag.

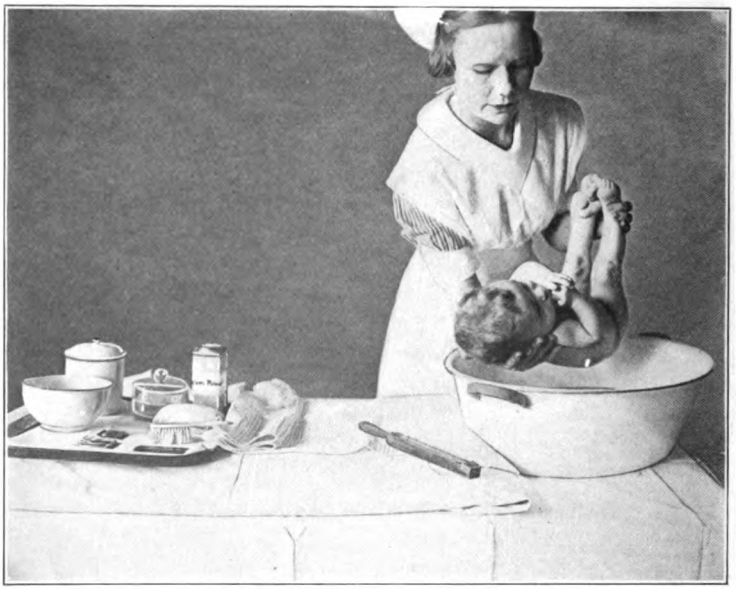


Fig. 26. The nurse holds the child by the feet and supports the head while lifting it into the tub.

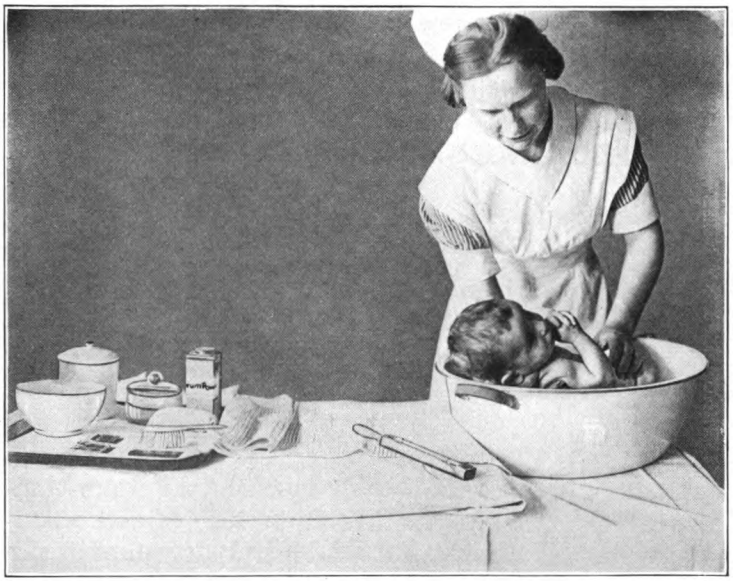


Fig. 27. The nurse supports the head with one hand and places one finger under the arm pit while bathing the child with the other hand.

FIFTEENTH DEMONSTRATION

FEEDING OF HELPLESS PATIENT

Articles Required.

1. Bed.
2. Subject in bed (student or patient).
3. Tray set with light diet.
4. Tray set with liquid diet.
5. Feeding cup, glass feeding tube.

Procedure.

In feeding a semi-helpless patient, arrange comfortably. Place tray on table at side of bed. Student sits on chair before table. Place napkin under chin. Give food in proper sequence, do not uncover hot food until about to serve. Give soup by spoonful, do not blow on liquid to cool it, give slowly at first to see that it is not too hot. Tilt spoon at angle that fluid will not trickle down side of mouth. If patient is able, give liquids in feeding cup, which she may hold. Cut meat in small pieces and give slowly that she may have time to masticate thoroughly. Feed semi-solid and soft articles by teaspoon. Do not give patient sense of haste but make procedure of feeding pleasurable and encour-

age appetite. (See Fig. 24.) In giving liquids to a completely helpless patient, raise patient's head slightly by placing arm under pillow and with other hand give liquid from a glass or feeding cup. If head cannot be raised give from a feeding tube. Be very sure liquid is not too hot to burn tongue. Give slowly and, if necessary, withdraw tube occasionally. (See Figs. 23 and 52.)

NOTE: Instruction on importance of feeding in various conditions, on mannerisms, on conversation, and on methods in which dislike for food may be obviated should accompany this demonstration.

SIXTEENTH DEMONSTRATION

CARE OF THE HAIR

Articles Required.

1. Bed.
2. Subject in bed (student or patient).
3. Tray containing:
   (a) Bottle soap solution.
   (b) Two rubbers, one about 20 × 30 inches, the other about size of bed rubber.
   (c) Two or three bath towels, two hand towels.
   (d) Comb and brush.
   (e) Bottle of parasiticide, if necessary.
4. Foot tub, large pitcher of hot water.

Procedure.

To wash the hair in bed. Remove one pillow and draw patient to side of bed. Draw down nightgown from neck and well over shoulders, put hand towel over neck of nightgown. Place small rubber covered with bath towel under patient's head. On this place large rubber and roll sides to make a trough and let end reach into bath tub. (See Fig. 28.) Place tray on bedside table at convenient point for work on patient's hair.

Pour on soap solution and rub well into scalp, rinse thoroughly and squeeze out water. Remove upper rubber, drop into foot tub. Rub dry with second bath towel. While rubbing, note condition of hair and scalp, if evidence of lice or nits, apply parasiticide.

If hair is heavy and not quickly dried, place hot water bag under rubber, which is still over pillow, and spread out hair over it. Leave until dry, then brush and comb it.

To brush and comb the hair. Bring patient to edge of bed, remove one pillow, place hand towel over pillow and shoulder. Loosen hair and divide into two parts, brush carefully, hold the hair up slightly in one hand while brushing or combing with the other. If tangled, moisten with water or alcohol and disentangle. Braid near the ears, so that patient will not lie on braids, tie ends with ribbon. While doing hair, stand at either side of bed, never work across patient. (See Fig. 22.)

In male patients, brush hair according to custom observed by patient, always brush back of head.

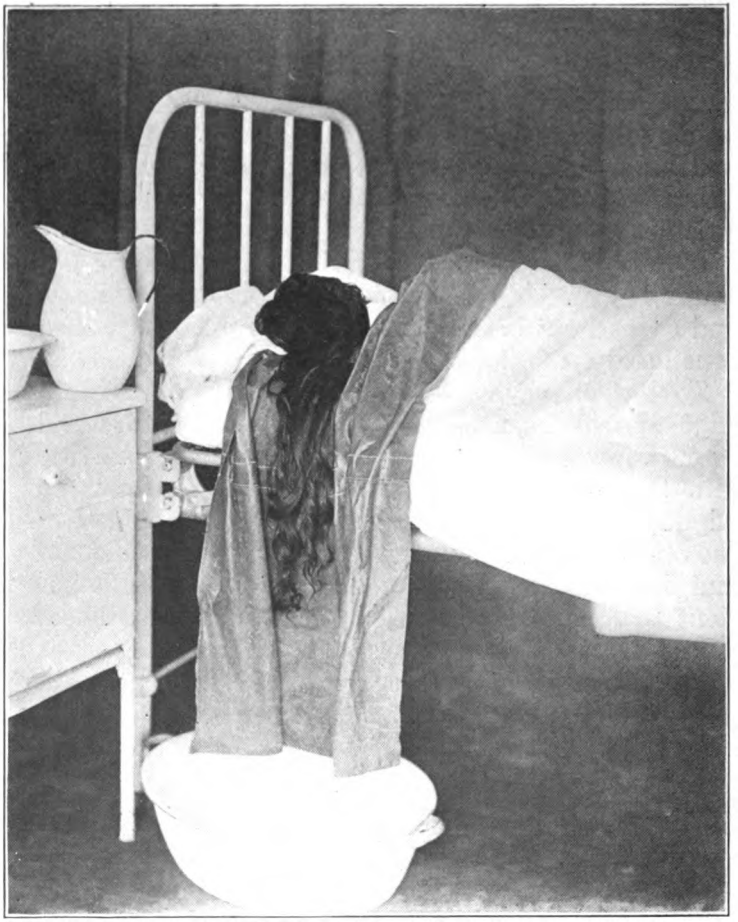


Fig. 28. Prepared for a shampoo.

SEVENTEENTH DEMONSTRATION

MOVING AND LIFTING A PATIENT IN BED, TO CHAIR, TO STRETCHER

Articles Required.

1. Bed prepared with subject (student or patient).
2. Stretcher, wheel chair.
3. Back rest, cradles, rubber ring and cushions.
4. Lounging blanket.

Procedure.

Lifting a patient in bed. For one student when patient can assist. Have patient flex knees and pass arm around student's back, resting hand on opposite shoulder, have patient place other hand on top of first. Student passes one arm diagonally around patient's back and supports head in bend of elbow, the other arm under thighs. Have patient press feet into mattress and at same time raise her up on pillows. Student should let all strain and weight come on shoulders and not on back.

For two students when patient cannot assist. Students on one side of bed. Student at head passes arm diagonally under patient's back and supports head on shoulder, other hand under back. Student

at center places arms under thighs and hips. Both raise patient at one time and place on pillows.

Lifting a patient to wheel chair. Place wheel chair at right angles to side of bed with head toward bed and covered with lounging blanket. Turn back or remove spread and blankets leaving one over upper sheet. Remove pillows place one in seat of chair and one lengthwise at back, tuck blanket and sheet around patient, especially the feet. Two students at side of bed, one student passes arms under patient's shoulders and back, the other student under the thighs and legs. Patient may assist by putting her arms around first student's shoulders. Lift together and place patient in chair, let strain and weight come on shoulders. Wrap lounging blanket well around patient, put on a shoulder wrap and if taken out of doors see that head is protected. If bath robe is put on, this may be done before lifting from bed, also stockings and bath slippers. In such case, sheet and blanket from bed may not be used. (See Fig. 29.)

Lifting a patient to stretcher. Place stretcher at right angles to and head toward foot of bed, cover with a stretcher or bath blanket. Prepare patient in same manner as for moving to wheel chair. Lift in same way as in moving to wheel chair. If necessary, remove upper sheet and blanket and cover securely with stretcher blanket, adjust stretcher straps to prevent patient rolling off stretcher. If necessary, protect head and shoulders with small blanket. (See Fig. 30.)

Fig. 29. Assisting patient into wheel chair.

To move unconscious patient from stretcher to bed. Have bed made as in Eighth Demonstration. Place the stretcher at right angles with head toward foot of bed. Turn back upper bed clothes, remove hot water bags or cans. Turn back outer stretcher blanket, patient from operating room will be covered with a folded blanket. Two or three students at side of stretcher, lift carefully in same position as in lifting from bed, see that arms are held in place so they do not drop at sides, place carefully in bed without jar, adjust knee pillow, cover over, tuck in at foot, spread hand towel over top of bed clothes and under chin, see that chest and shoulders are well covered. Place bed table and chair beside bed, as in Eighth Demonstration. Hot water bags may be placed *between* blankets and not close to patient, if additional warmth is required.

To place patient in Fowler's position. Degree of elevation for head of bed may be obtained either by using pillows, a specially constructed bed or by elevating head on blocks, chair or other appliances. A knee roll, securely fastened to bed must also be used to prevent patient from slipping down in bed. Bed should be prepared before patient is removed from stretcher. Continue demonstration, as in previous case.

To elevate patient on back rest. This procedure may be done by one student, but there is less strain on the patient when done by two. The students, one on each side of bed, back rest beside head of bed.

Fig. 30. Three students lift the patient easily and without strain.

One student lifts patient's head and shoulders, the other removes pillows, places back rest in place, adjusts pillows, lower pillow to come well down to fit into hollow of back. One or two extra pillows will be required to make patient comfortable. Adjust knee roll. See that shoulders are protected and warm.

To protect from pressure. To protect from pressure or weight of bed clothing by use of pillows, cushions, cradles. Place pillows on each side of affected part under bed clothing. Place cradle over affected part, cover with bed clothing. If patient becomes chilled, place light blanket under cradle. To use an air cushion, inflate with air but not fully. Cover with pillow slip and place under hips or buttocks where pressure exists. Make a ring of common cotton and wind with 3 inch gauze bandage which may be held in place over tender heel or elbow. A figure of eight bandage on elbow or knee to protect from pressure of bed clothes.

EIGHTEENTH DEMONSTRATION

TAKING THE TEMPERATURE

Articles Required.

1. Clinical thermometer for instructor and one for each member of the class. Members of class act as subjects.
2. One rectal thermometer.
3. Two shallow dishes holding solution, alcohol 50%, cotton, and marked No. 1 and No. 2.
4. Glass containing soap solution.
5. Glass containing plain water.
6. Small jar holding squares of gauze or cotton pledgets.
7. Small jar of vaseline.
8. Bowl for waste cotton.
9. Several squares of toilet paper to use in taking rectal temperature.

Procedure.

By mouth. Have all thermometers in dish marked No. 1, well covered with alcohol. Remove thermometer from solution, dip in plain water, wipe, shake down mercury to 95 degrees by holding end of thermometer firmly between first and second fin-

gers and thumb—giving a sharp wrist movement. Place in a slanting position under side of tongue and have patient close mouth. If the lips are dry they should be moistened before the thermometer is introduced. The patient, if out of bed, should not be standing. A hot or cold drink should not be given for several minutes before the thermometer is placed in the mouth. The thermometer should be held for at least three minutes. Remove, dip in soap solution, wipe, and place in dish marked No. 2. The temperature should be recorded at once. (See Figs. 31, 32, and 33.) Use thermometers from dish No. 1 until all are used. Thermometers in dish No. 2 will be then sufficiently disinfected for use after which return to dish No. 1 and so on.

By axilla. Wipe axilla with towel to remove any moisture, shake mercury down, place bulb well in hollow of axilla, bring arm across chest and hold in position for five minutes. Remove, read and record at once. (See Fig. 34.)

By rectum. Subject (hospital doll). Use special rectal thermometer, have patient turned on one side with knees flexed. Shake down mercury, lubricate with vaseline and insert gently in rectum about one inch, allow it to remain for three minutes. Remove, wipe, read and record at once.

NOTE: Variations in temperature and reasons for same are given by instructor.

NINETEENTH DEMONSTRATION

COUNTING THE PULSE

Articles Required.

The instructor and each member of the class must have a watch with second hand.

Members of the class act as subjects in turn.

Procedure.

To count pulse at the wrist. Subject to be lying down or sitting, arm at rest. The student places the two first fingers on inside surface of the wrist, one inch below the root of the thumb and in the depression made by the radius and flexor tendons, the pulsation of the artery will be easily felt, the number of beats are counted for one minute and recorded immediately.

To count the pulse at the temple. The first two fingers are placed over the temporal artery immediately in front of the ear and the pulsation counted for one minute. (See Figs. 35, 36.)

NOTE: Characteristics of and variations in pulse are taught by the instructor.

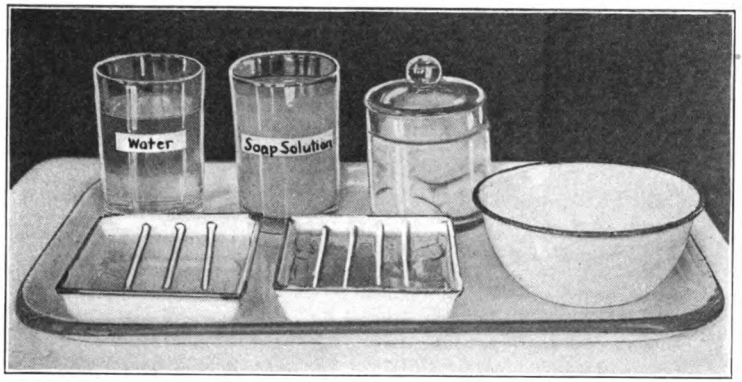


Fig. 31. Thermometer tray.

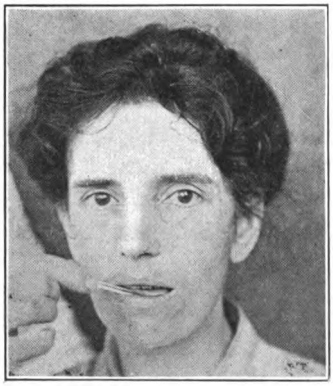


Fig. 32. Taking the temperature by mouth; placing the thermometer under the tongue.

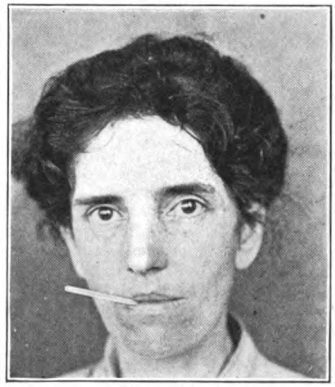


Fig. 33. Holding the thermometer between the closed lips.

Fig. 34. Taking the temperature by axilla.

Fig. 35. Taking the pulse at the wrist.

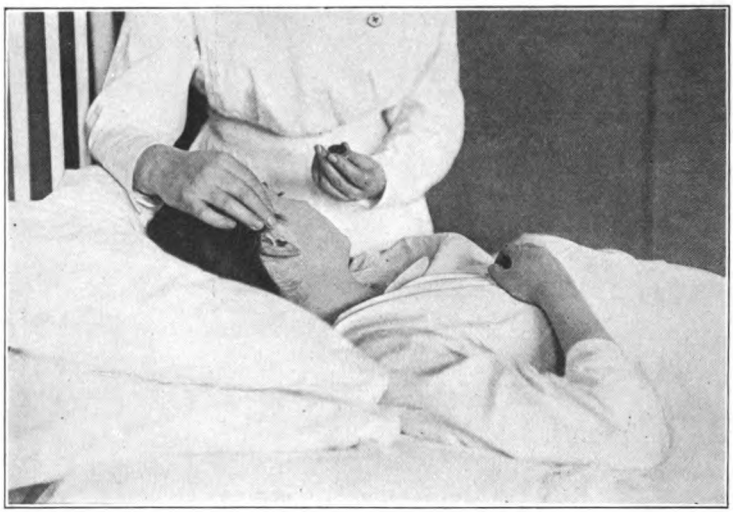


Fig. 36. Taking the pulse at the temporal artery.

TWENTIETH DEMONSTRATION

COUNTING THE RESPIRATIONS

Articles Required.

The instructor and each member of the class must have a watch with second hand.

Members of the class act as subjects in turn.

Procedure.

This is done immediately after the pulse is counted and while the hand is still on the wrist. The patient should not be aware it is being done. The number of respirations should be counted for one minute.

NOTE: Characteristics of, and variations in respiration are taught by the instructor.

TWENTY-FIRST DEMONTRATION

CHARTING

Articles Required.

1. Chart forms.
2. Fine pen points, holders, black and red ink, and a six-inch rule for each member of the class.

Procedure.

All lettering must be done in neat legible type. Fill out every blank space. Chart temperature, pulse or respiration with small dots uniform in size, the line connecting the dots must be straight and light, there must be no erasures. (See Figs. 37, 38.)

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

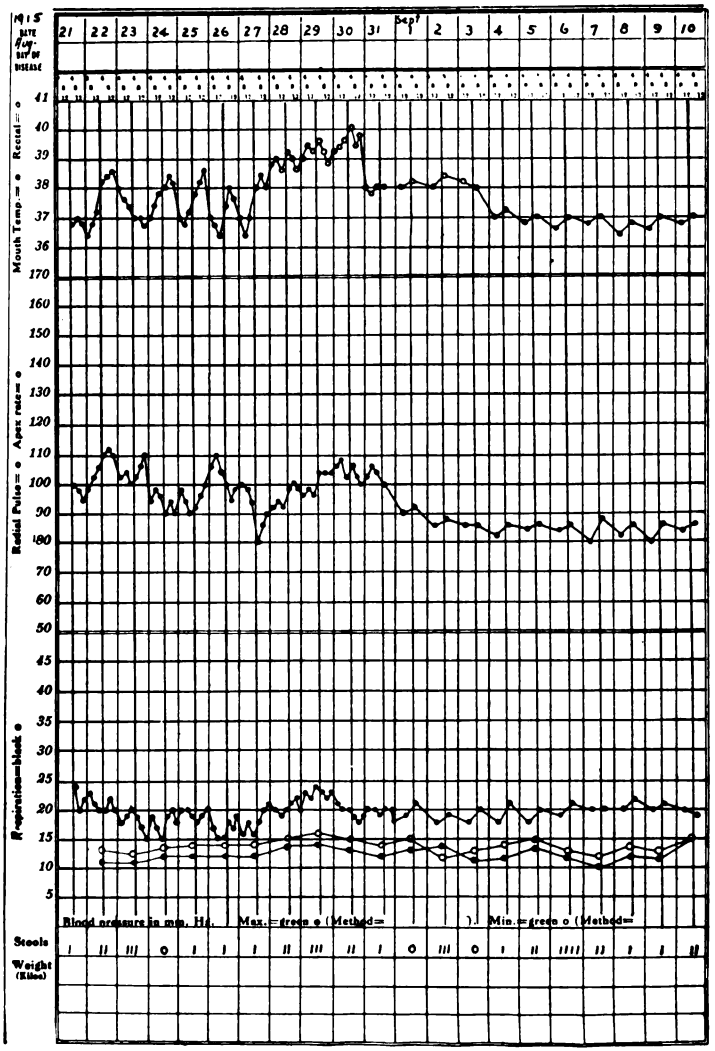

Sept
Mouth Temp.= • Rectal= o
Radial Pulse= • Apex rate= o
Respirations=black •
Urine=red • Fluid leaks=red •
Blood pressure in mm. Hg. Max.= green o (Method=). Min.= green o (Method=).
Stools
Weight (Kilos)

Fig. 37. Facsimile of clinical charts by student.

Dr. Jones. No. 2

Patient Mr. John Doe. Room 5 Date Sept. 24 1915

Hours	Temp	Pulse	Resp	R. T.	L. T.	Medicines	Food	Oz. Liq.	REMARKS	Oz. Urine	Deg.
10:00	102°	120	42				Egg-nog	VIIII			
10:30									Large formed bej		✓
									Hbundant dark		
									brown sputum.		
11:00									Resp. more labored		
11:30									Voided	XI	
12:00	103°	140	50						Cold sponge		
									lasting 20 min		
	M.M.										
12:30							Milk	VI			
1:00	103	136	50						Cyanosis marked		
									around lips & nails		
									Pulse weaker		
									Cold perspiration		
	Dr. Jones visited. Orders: Camph. Oil gr. III ampule q 3 hrs.										
	Cold sponge for Temp above 102°. Cyanosis increases give oxygen										
											L.R.
1:30						Camph. Oil gr. III } H					
2:00	104	142	54						Cold sponge		
									lasting 20 min.		
									Pa sed about 3 T		
									dark brown sputum.		
2:30							Broth	V			
2:30									Sleeping, resp easier,		
									color improving		
4:00	102°	130	46			Camph. Oil gr. III } H					
									Voided	VII	
							Hot milk	VII			
6:00									Sleeping		
			Summary for 24 hrs. ending 4 A.M. Sept 25								
Max	104	142	54			Camph	Liquids	IIXII	Color, pulse resp		
Min	102°	120	42			Oil gr. III H			improved with		
									last 24 hrs		
										XXXII	T

Fig. 38. Facsimile of bedside records by student.

TWENTY-SECOND DEMONSTRATION

GIVING AN ENEMA

Articles Required.

1. Bed prepared with subject (hospital doll).
2. Sheet or bath blanket.
3. Warmed bed-pan and cover.
4. Enema tray, containing:
   - (a) Rubber sheet 20 × 30 in.
   - (b) Bath towel.
   - (c) Enema can, rubber tubing with stop cock.
   - (d) Hard rectal nozzle, or soft rectal tube.
   - (e) Vaseline.
   - (f) Toilet paper, paper bag.
   - (g) Pitcher or glass graduate holding 2 qts. (2000 cc.) of soap solution temp. 105° F.
   - (h) Small pitcher or graduate containing warm water for cleansing.
   - (i) Bath thermometer to test heat of soap solution.

Procedure.

Patient lying on back, knees drawn up, one pillow

Fig. 39. Enema tray.

removed. Turn down upper bed clothes to foot of bed but covering feet, cover patient with sheet or bath blanket, as may be indicated by patient's condition or temperature of atmosphere, draw up nightgown, make a reverse fold or twist in middle of sheet or blanket, at the same time turning it so that the length of the blanket will be across the patient, (see Fig. 41), the ends forming a butterfly effect, with which cover the chest and legs. Place rubber covered with bath towel or dressing towel under buttocks. Patient may be turned on left side, hips to edge of bed, knees flexed, right knee brought up more than left. Draw up nightgown over hips. Cover shoulders, hips and legs with sheet or small

blanket. Turn down bed clothes over feet. Pour soap solution into enema can, adjust soft rectal tube or hard nozzle as required, allow solution to flow into bed-pan to expel air and warm tube, apply a small but sufficient amount of vaseline to tip of tube. Insert tube in anus gently and in a slightly upward and forward direction, hold tube in place with one hand and with the other raise the enema can about two feet above the bed. Allow fluid to run until it is nearly exhausted or should patient complain of pressure or cramp during the flow, lower can for a few minutes until cramp is passed, then raise again. When fluid is nearly exhausted or as much as patient can take has been given, clamp tube, withdraw rectal point, detach, wrap in toilet paper, and drop into paper bag. Adjust the pan, first placing hand over sacral region and raising hips slightly, turn up end of bath towel over bed-pan as precaution against bedding becoming soiled, draw up upper bed clothing.

On removing soiled bed-pan have a clean warmed bed or douche pan ready to slip under hips, take soiled pan covered immediately from the room. Turn down upper bed clothing, cleanse and irrigate anus and vulva thoroughly, remove pan and dry, remove rubber and towel.

NOTE: Instruction in various formulae, with method of preparation and purpose should accompany this demonstration.

TWENTY-THIRD DEMONSTRATION

CLEANING THE HANDS

Articles Required.

1. Nail file.
2. Nail scissors.
3. Orange wood stick.
4. Basin and one pitcher containing hot water (if running water is not available).
5. Soap (Tincture Green, or good standard soap).
6. Scrub brush or large piece of gauze.
7. Bowl containing alcohol, 50%. Gauze sponge.
8. Jar for waste water.

Procedure.

Roll up sleeves, clean and file nails round and close. Wet hands and arms, rub in an ample amount of soap, scrub hands and arms thoroughly either with brush or piece of gauze, rinse off lather, apply soap again and scrub as before with particular attention to inner surface of fingers and palms of hands, rinse again thoroughly so as to remove all particles of soap. Use hot running water for rinsing. When all soap is removed, soak a gauze sponge

with alcohol, 70%, and thoroughly rub hands and arms.

NOTE: This method is for use on the wards and not for the operating room, or delivery room.

TWENTY-FOURTH DEMONSTRATION

GIVING VAGINAL DOUCHE

Articles Required.

1. Bed prepared with subject (hospital doll).
2. Sheet or bath blanket.
3. Warmed douche pan and cover.
4. Irrigation stand.
5. Douche tray, provided with:
   (a) Douche can and tubing with stop cock or clamp (sterilized).
   (b) Glass douche nozzle (sterilized).
   (c) Bath themometer (sterilized in carbolic or lysol solution, 10%—1-10).
   (d) Jar of cotton pledgets or gauze.
   (e) Paper bag.
   (f) Bath towel or dressing towel.
   (g) Bath blanket.
   (h) Solution required—2 quarts (2000 cc.) or amount as ordered, temperature 105° to 110°, or as ordered, solution to be in sterile pitcher or glass graduate.

Procedure.

Patient on back, knees flexed, head on one pillow. Turn down upper bed clothes to foot of bed, but covering feet, cover patient with sheet or bath blanket as necessary for warmth, length crosswise of bed,

draw up nightgown well above hips, place folded bath towel under buttocks. Make a reverse fold or twist of sheet or blanket as in giving an enema, see that chest and legs are well covered. Place folded dressing towel on shelf of pan, adjust under patient so that she will be comfortable and not strained, if necessary a small pillow or folded towel may be placed under back above douche pan. Pour solution into can and hang on irrigator stand at height so that lower part will be about 20 inches above bed. Return to dressing room, scrub hands thoroughly in hot running water, using plenty of soap, rinse well, do not dry except on sterile towel. Return to bedside. Adjust sterile nozzle to tube, examine for cracks, allow solution to run through into douche pan until tube is warm and air expelled. Douche vulva well, separate labia, douche vaginal outlet, being careful not to allow nozzle to touch labia. Insert nozzle in vagina in a downward and backward direction and while fluid is running, turn nozzle gently round and round in order that every part of the cavity may be cleansed, hold tube while fluid is running. Remove tube before solution is completely exhausted, leave patient on pan for a few minutes, dry well around vulva with cotton or gauze, remove pan, dry back, bring up bed clothes, arrange pillows.

NOTE: Instruction in preparing and giving medicated douches together with precautions in administering should accompany the demonstration.

TWENTY-FIFTH DEMONSTRATION

CATHETERIZATION

Articles Required.

1. Bed prepared with subject (hospital doll).
2. Sheet or bath blanket.
3. Douche pan, basin or small pitcher of warm water.
4. Catheterization tray, containing:
   (a) Package of sterile dressing towels.
   (b) Package of sterile cotton pledgets.
   (c) Two sterilized glass and rubber catheters.
   (d) Small basin or boric solution.
   (e) Sterile basin to receive urine.
   (f) Sterile forceps.
   (g) Sterile oil or glycerin to lubricate rubber catheter, if used.
   (h) Paper bag.
   Cover tray with sterile towel.

Procedure.

Preparation of patient. Patient on back, knees flexed. Cover with sheet or bath blanket, as necessary for warmth, draw up nightgown under hips, turn down upper bed clothes to foot of bed, cover-

ing feet, make a reverse fold or twist in center of sheet or blanket, cover chest and legs well. Place patient on douche pan, cleanse vulva with warm water, remove douche pan. Take dressing towel covering tray, placing one end under buttocks, on this place basin to receive urine, turn up other end over basin and vulva. (See Fig. 41.) Return to dressing room, scrub hands thoroughly with soap and water for three minutes and rinse well with hot running water, soak in lysol 1% or alcohol 50% for one minute, do not touch anything until you reach the bedside or hands may be wrapped in sterile towel while going from dressing room.

Lower towel covering vulva, place two sterile towels over each thigh. Saturate pledgets in boric solution, sponge labia, using a downward motion. Forceps may be used if required. Separate labia with first two fingers of left hand, take fresh pledgets and cleanse meatus with a gentle downward motion, using at least four pledgets. (See Fig. 42.) Place one small pledget at entrance to vagina. Pick up with fingers one of glass catheters at *open end,* examine point closely for cracks, see that it does not touch anything before it is inserted. Insert carefully into urethra for about three inches or until urine starts to flow, change direction of catheter if urine does not flow or withdraw slightly. (See Fig. 43.) After urine has ceased, remove catheter, placing one finger on open end at same time as you withdraw. Drop into paper bag. Remove ur-

ine, basin and towels, arrange patient. Measure and record urine at once. If to be sent to laboratory, pour into sterile bottle, label with name, amount and hour when obtained.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

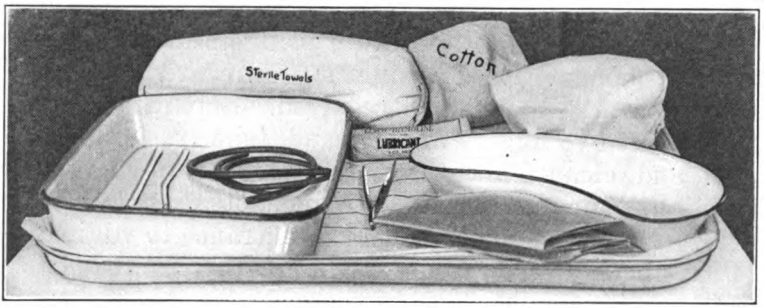


Fig. 40. Catheterization tray.

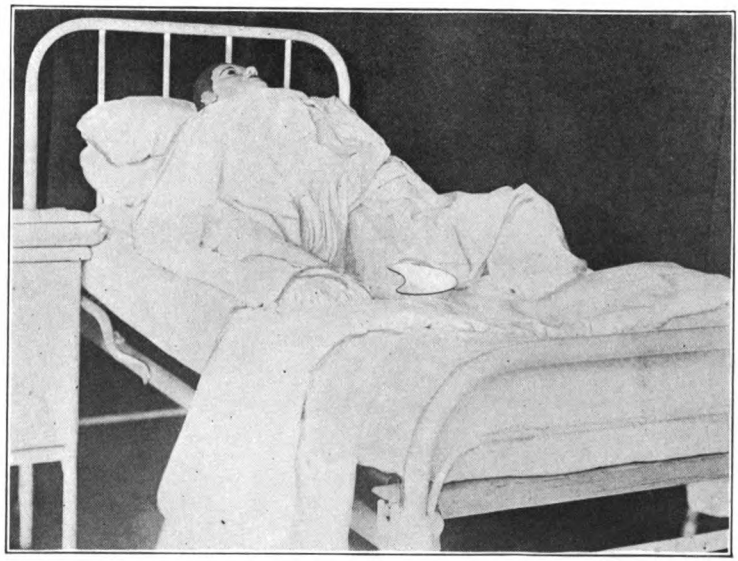


Fig. 41. Prepared for catheterization.

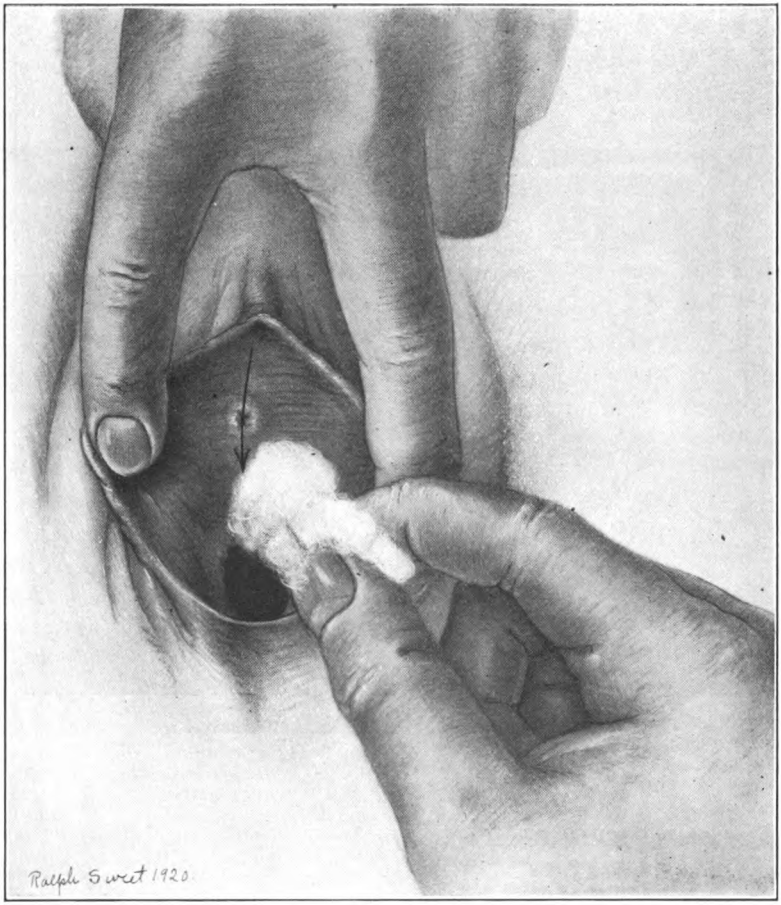


Fig. 42. Cleansing the meatus.

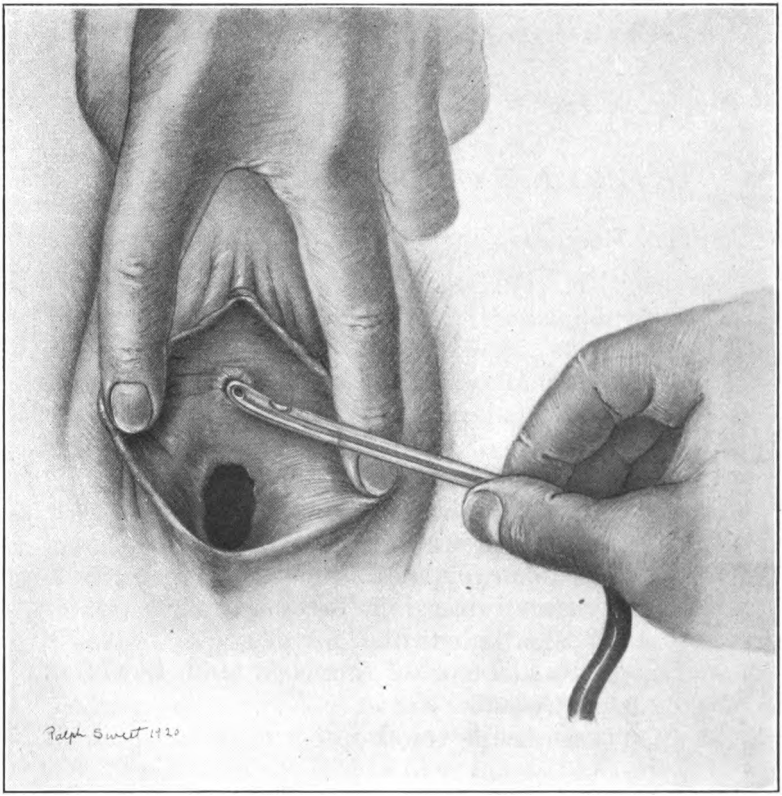


Fig. 43. Inserting the catheter.

TWENTY-SIXTH DEMONSTRATION

GIVING A HYPODERMIC INJECTION

Articles Required.

1. Subject (student or patient).
2. Hypodermic tray, containing:
   (a) Alcohol lamp.
   (b) Small bottle of alcohol.
   (c) Hypodermic syringe and needles.
   (d) Jar of sterile pledgets, or gauze sponges.
   (e) Minim glass of water, or bottle of distilled water.
   (f) Spoon for holding needle.
   (g) Small dressing forceps.
   (h) Small glass dish for drug.
   (i) Small box of matches and bowl for waste.
   (j) Dressing towel.

Procedure.

First test syringe to see that there is no leakage. Order is then read and tablet is placed in glass dish. Barrel of syringe may be cleansed by drawing up alcohol and expelling it into waste bowl or by boiling.

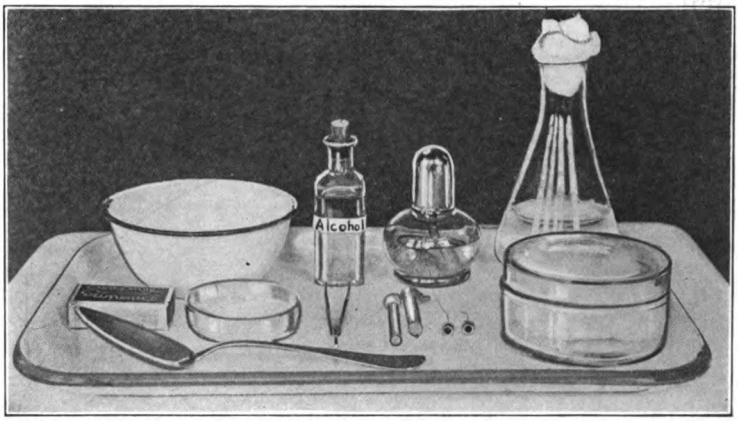


Fig. 44. Hypodermic tray.

Needle is then boiled in a spoonful of water, removed with forceps and laid on sterile pledget or gauze sponge. Draw up syringe full of boiled or distilled water and expel into sterile spoon. Add tablet, when dissolved fill syringe, screw on needle securely, expel air and allow one or two drops to flow from point of needle. A pledget moistened with alcohol surrounds the needle which is then carried to the bedside in a folded towel. A second pledget moistened with alcohol is also taken.

Select location for injection on upper and outer portion of arm or thigh, cleanse skin by rubbing vigorously with pledget, pinch up a good fold of skin and tissue, insert needle quickly and remove slightly, allowing thumb to press on piston of syringe, inject

fluid slowly at the same time slightly withdraw needle, make pressure with pledget followed by slight upward strokes over seat of injection. (See Figs. 44 to 51.)

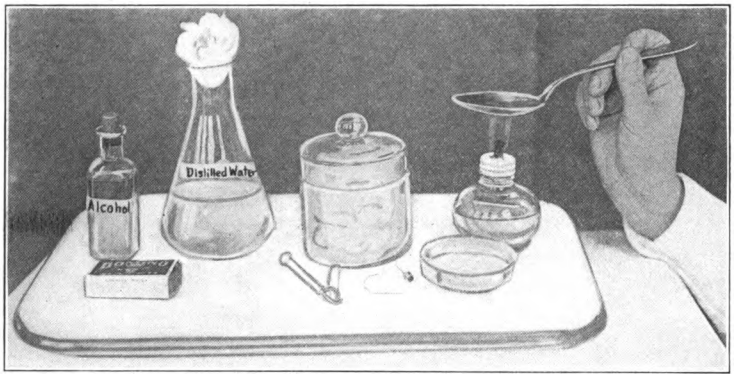


Fig. 45. Boiling the needle.

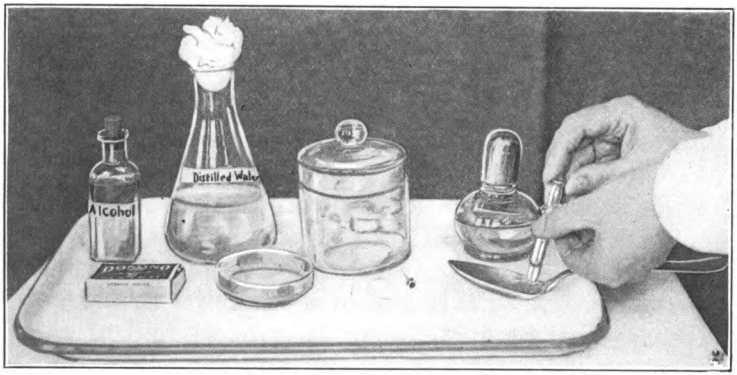


Fig. 46. Drawing up the fluid into the syringe.

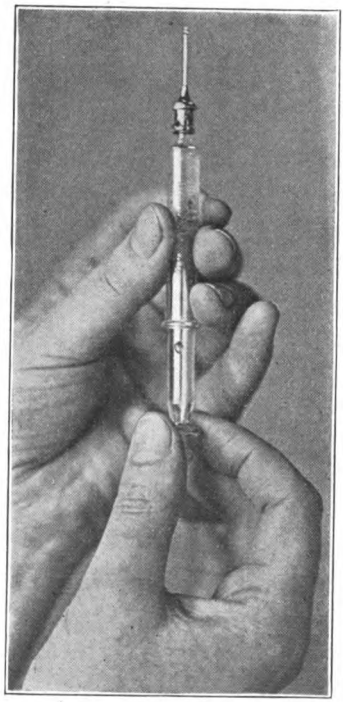


Fig. 47. Expelling the air.

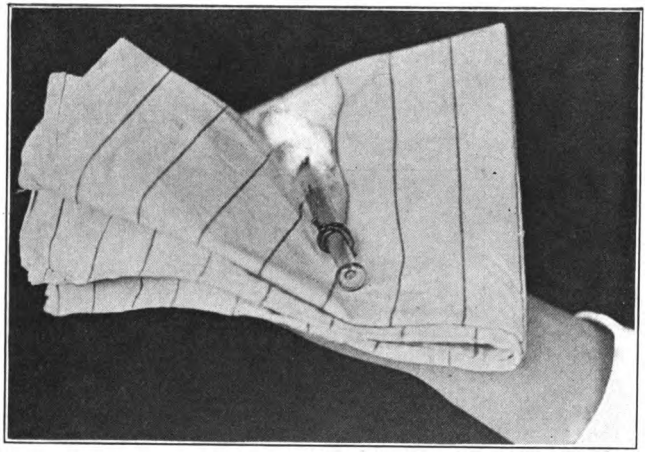


Fig. 48. Carrying syringe to bedside.

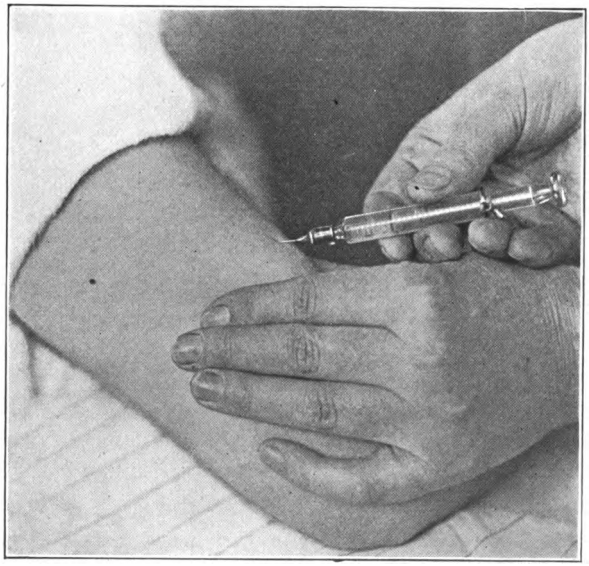


Fig. 49. Inserting the needle.

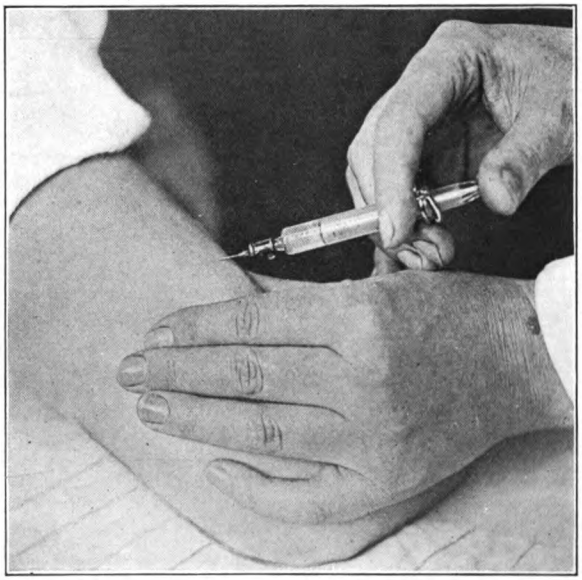


Fig. 50. Injecting the fluid.

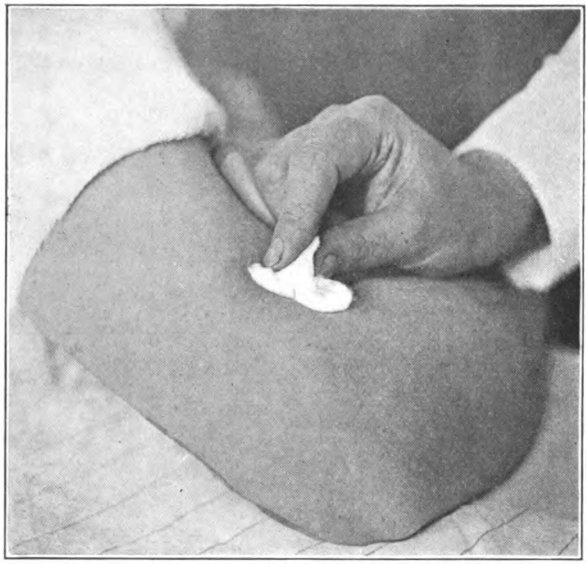


Fig. 51. Slight pressure at point of injection with alcohol sponge.

TWENTY-SEVENTH DEMONSTRATION

COLD SPONGE

Articles Required.

1. Bed prepared for occupancy.
2. Subject (nurse or patient).
3. Long rubber sheet double faced and in good condition.
4. Two bath blankets or bath sheets.
5. Two bath towels, one face towel.
6. Large basin or foot tub, and bath thermometer.
7. Large pitcher of cold water.
8. Two large Turkish wash cloths, or several thicknesses of gauze.
9. Hot water bag, ice cap, basin of crushed ice, or gauze for head compress.

Procedure.

Place bath blanket or sheet over patient and turn down upper bedding to foot of bed. Place rubber sheet covered with second bath blanket or sheet under patient. Remove night gown, place hot water bag at feet, ice cap, or compress, on head. Cover upper edge of blanket with hand towel to keep it

from contact with patient's chin. Temperature of water should be as ordered, or 60 to 70 degrees and maintained throughout the bath by adding ice.

Begin by bathing the face and neck. Dry face before proceeding. Expose the arm and place bath towel lengthwise under it. Wringing wash cloth slightly, hold arm at comfortable angle and rub hand and arm with rapid downward movement, changing wash cloth frequently. Bathe other arm in same manner, then chest, abdomen, thighs, legs and back. Each part should be gone over several times, the entire procedure occupying about twenty minutes. When finished, if necessary, dry patient thoroughly before removing blankets or sheets and putting on nightgown.

If given for very high temperature, remove sheet or blanket, cover pubic region with bath towel and have more water in sponge while sponging patient. If patient is delirious or very weak, a second student should assist.

NOTE: Instruction in watching pulse and general condition of patient should accompany this demonstration.

TWENTY-EIGHTH DEMONSTRATION

COLD PACK

Articles Required.

1. Bed prepared with subject (student or patient).
2. Long double faced rubber in good condition.
3. Three large sheets.
4. One bath blanket.
5. Hot water bag.
6. Ice cap or gauze for head compress.
7. Foot tub, bath thermometer.
8. Basin of crushed ice.

Procedure.

Cover patient with bath blanket, turn down upper bed clothes to foot of bed, remove nightgown. Place each sheet separately in foot tub of water, temperature as ordered, which may be between 70° and 80° F. Turn patient on side, place long rubber in same manner as for changing lower sheet, wring out one sheet from foot tub and place over rubber with folds close to patient's back, turn patient on other side, draw rubber and wet sheet over on other side of bed, turn patient on back. Wring out sec-

ond sheet, turn back upper part of bath blanket, cover patient's body except arms, remove bath blanket, tuck sheet in between legs so that surfaces do not come in contact, let upper sheet come well under arms and up to neck, fold over under sheet securely, cover with bath blanket. Place hot water bag at feet and ice cap on head or, if desired, cold compress to head. Leave patient in pack fifteen to twenty minutes.

If more prolonged action is required, renew upper sheet by first putting third sheet in tub, wring and replace upper sheet in same manner as before. If necessary, sheets may be kept wet by dripping water over them from wet gauze sponge held in the hand or by means of a spray attached to an irrigator can.

To remove pack, turn back under sheet, remove upper sheet from above downwards, dry chest, abdomen, arms and legs, using moderate friction, turn patient on side, roll up toward back rubber and lower wet sheet, dry back, turn on other side, remove rubber and sheet, dry again and turn on back. Put on nightgown, turn up upper bed clothes, remove bath blanket. If patient is chilly, leave hot water bag at feet.

NOTE: Instruction in watching pulse and general condition of patient should accompany this demonstration.

TWENTY-NINTH DEMONSTRATION

HOT PACK (WET)

Articles Required.

1. Bed prepared with subject (student or patient).
2. Four thick light, single blankets.
3. Long rubber sheet.
4. One hot water bag.
5. Basin of ice water, two gauze compresses (1½ yards gauze folded four times) for head and neck.
6. One bath towel, one hand towel.
7. Drinking glass, drinking tube, pitcher of water.
8. Foot tub filled with water at 130° F.

Procedure.

Cover patient with bath blanket, turn down upper bed clothes to foot of bed, place two blankets under patient, each one more to one side of bed on both sides, remove nightgown. Fold two blankets lengthwise, then in two, immerse in water in foot tub. The process of wringing out the blankets will require two students, or when a wringer is available

this can be done by one student. Holding ends of blankets, wring in opposite directions until nearly dry.

Turn patient on side, place rubber over lower blanket with folds close to back, over rubber first wet blanket, also with folds close to back, turn patient slowly as heat of blanket permits, draw over rubber and blanket on other side, turn blanket over legs and arms so that surfaces will not come in contact. Cover patient with second wet blanket, turn up dry blankets which are under patient folding in

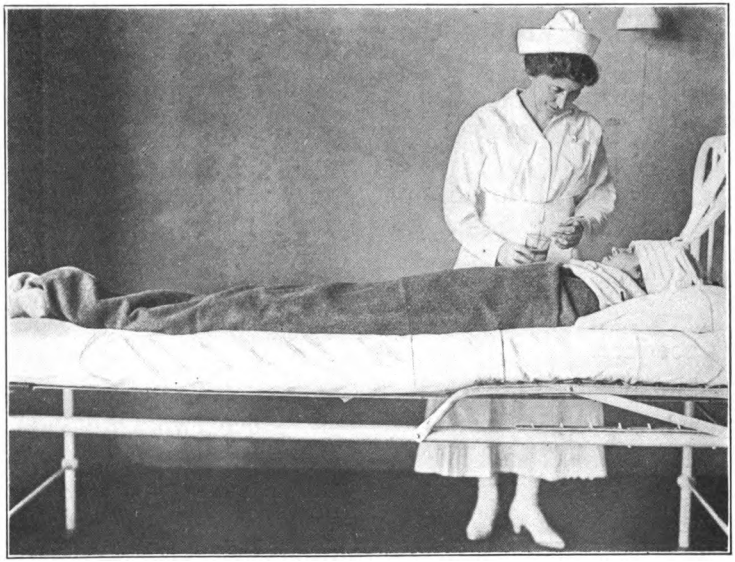


Fig. 52. Patient in hot pack.

well on each side, especially around neck. Tuck hand towel around neck to protect from blanket. Place hot water bag at feet, ice cap or cold compress on head. (See Fig. 52.) Give hot water to drink. Hot lemonade may be ordered.

While patient is in pack, take pulse at temporal artery, watch reaction, give drink at intervals, change compress, if required, bathe face and do not leave patient alone. Patient may remain in pack twenty to thirty minutes if borne well or if perspiration is induced.

To remove from pack loosen dry blankets, and remove upper wet blanket without uncovering, dry with bath towel. Remove lower wet blanket and rubber, dry back and legs, leave patient on lower dry blanket, put on nightgown. If patient continues to perspire do not remove both blankets at once. Alcohol rub may be given after patient is removed from blankets.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

THIRTIETH DEMONSTRATION

TO GIVE A SITZ-BATH

Articles Required.

1. Sitz tub, half filled with water 105–110° F.
2. Foot tub, half filled with water 105–110° F.
3. Bath blanket.
4. Two bath towels.
5. One large pitcher filled with water 110°.
6. Bath thermometer.
7. Compress for head.
8. Subject (student or patient).

Procedure.

Have all clothing removed and cover with blanket opening at back and pinned at back of neck with safety pin. Have patient sit in sitz tub, bring blanket around shoulders and over edge of tub. Place folded bath towel at back of tub on which patient rests her back, place second bath towel folded under knees where they rest on front edge of tub. Place feet in foot tub and cover with lower edge of blanket. Place compress on head. To add hot water, pour from pitcher at side of tub and stir at same time. Renew head compress as desired.

THIRTY-FIRST DEMONSTRATION

HOT PACK (DRY)

Articles Required.

1. Bed prepared with subject (student or patient).
2. Four single, thick, light blankets (warmed).
3. Five hot water bags or bottles.
4. Basin of ice water with gauze compresses (1½ yards folded four times).
5. One bath towel, one hand towel.
6. Drinking glass, drinking tube, pitcher of water or lemonade.

Procedure.

Cover patient with bath blanket, turn down upper bedding to foot of bed; place two bath blankets under patient, same as in wet pack. Bring up each lower blanket, fold over and under each arm and leg, so that surfaces of body will not come in contact. Place two hot water bags on each side and one at feet, cover patient with two remaining blankets and tuck in securely on sides and around neck. Protect chin with soft hand towel. Place compresses on head, as in wet pack, and change frequently. Give plenty of fluid to drink. If pack is

well borne, allow patient to remain twenty to thirty minutes or until perspiration is induced.

Remove from pack by taking away hot bottles first and blankets next to skin, rubbing dry with bath towel as in hot pack.

THIRTY-SECOND DEMONSTRATION

APPLICATION OF FOMENTATIONS AND STUPES

Articles Required.

1. Bed prepared for occupancy with subject (hospital doll or patient).
2. Fomentation tray, provided with:
   (a) Two flannel fomentation cloths, sufficiently large to more than cover the part to be treated.
   (b) Oil muslin or fomentation cover of light woolen material, sufficiently large to more than cover fomentation cloth.
   (c) Stupe wringer.
   (d) Basin of boiling water.
   (e) Abdominal binder, safety pins or tailed bandage, as required, to hold fomentation in place.

Procedure.

For abdominal stupe. Turn back bedclothes sufficiently to expose area to be treated, draw up nightgown, place one fomentation cloth in stupe wringer, immerse in basin of hot water, wring by twisting

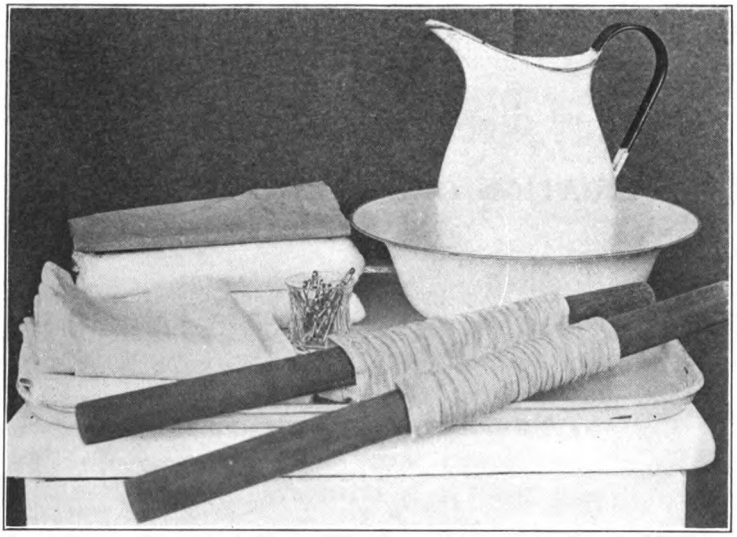


Fig. 53. Stupe tray.

sticks in opposite directions until water is well wrung out (see Fig. 54). Remove from wringer, shake lightly, apply slowly to part as patient can bear heat, by applying first at center and gradually lowering to outer edges. (See Fig. 55.) Cover at once with oil muslin or stupe cover and pin binder in place, draw down nightgown, leave on as ordered or change in fifteen to twenty minutes. To renew, proceed in same way and do not remove first stupe until second is ready. Dry part with hand towel quickly before applying second. Change should be made rapidly to get effect. Degree of heat may be tested

by placing stupe on back of hand. If unbearable to patient apply stupe over a dry hand towel. When treatment is finished, dry with soft towel and powder lightly.

Turpentine Stupe. Prepare tray as for hot water stupe with addition of a glass containing turpentine, 1 dram, olive oil 2 drams. Before applying hot stupe, stir mixture and apply over part to be treated, using a piece of gauze or cotton, after which apply hot stupe and proceed as in abdominal stupe demonstration.

In applying stupes to knee, elbow or parts of upper extremities, use tailed bandage to hold in place.

NOTE: Instructor should caution class against burning patient, avoiding use of *hot water bags* with moist treatments and care in cases of paralysis, dropsy or unconsciousness.

Fig. 54. Wringing the stupe.

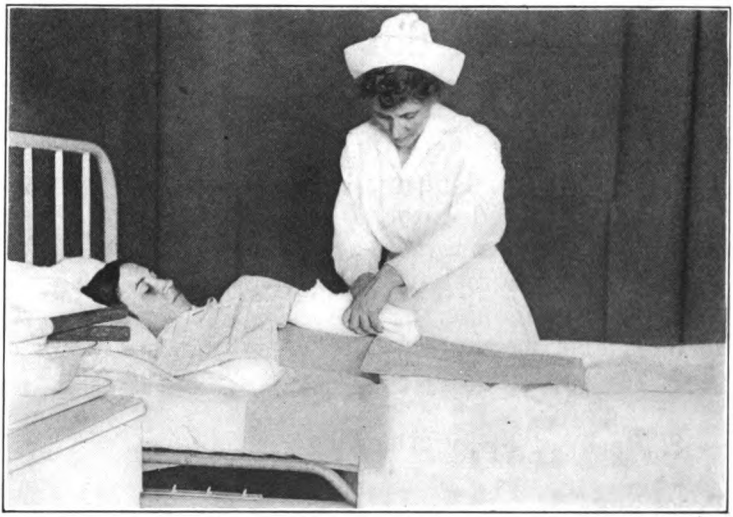


Fig. 55. Applying stupe.

THIRTY-THIRD DEMONSTRATION

APPLICATION OF COLD COMPRESSES, ICE CAPS

Articles Required.

1. Subject (student or patient).
2. Basin of iced water.
3. Gauze for compresses.
4. Piece of flannel or flannelette.
5. Gauze bandage.
6. Rubber ice cap, throat ice cap.
7. Ice cap cover or square of gauze or cheese cloth.
8. Basin of finely crushed ice.

Procedure.

Compress to Neck. Cut a piece of gauze 14 inches long, fold in four thicknesses, immerse in iced water. Cut piece of flannel 16 inches long, 6 inches wide. Wring compress from iced water fairly dry, apply to throat and neck, cover with flannel and pin securely in place with three safety pins. Measure a length of bandage from ear to ear, across top of head. Split each end about two inches and fasten ends with safety pins to upper edge of flannel on

each side. This will hold compress in place and prevent sagging. This should be renewed frequently if cold is to be maintained. (See Fig. 56.)

Compress to Eye.

Required.

1. Absorbent cotton and gauze.
2. Basin containing a good sized piece of ice suspended in gauze or a towel.

Procedure.

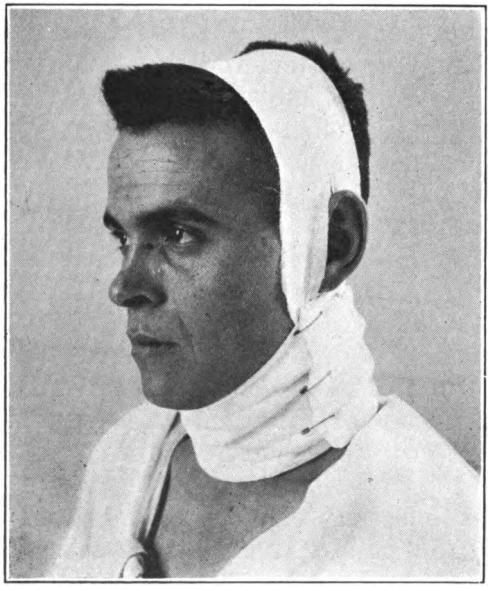
Compresses made of the absorbent cotton or gauze (two thicknesses) and cut round or oval. Compress must be very light, moistened and placed on ice. These compresses must be renewed every two minutes and continued for length of time ordered by doctor.

Applying Ice Caps. First see that cap is in good condition and does not leak. Have ice crushed about size of small nut, wash quickly with hot water to blunt edges, fill cap half or three quarters full, if for the head one-half full to lessen weight. To screw on top hold mouth of cap in one hand, depress it to expel air and at same time screw on top. Cover with ice cap cover or square of gauze or cheese cloth tied over top.

In order to lessen weight on head, cap may be supported by fastening to head of bed or small pillow above head. (See illustration No. 52.) Ice caps applied to abdomen must be of light weight and held

in place with abdominal binder. Applied to extremities, must be held in place with a few turns of bandage or a tailed bandage. Applied to throat, cap must be filled with *finely crushed* ice and covered with *flannel.* A special ice cap is made for this purpose. In case of a child or if patient is restless, cap may be held in place as in applying a compress.

In continued application ice must be renewed as quickly as melted and a second cap must be ready before the first is removed.



56. Compress applied to the throat and held in place.

THIRTY-FOURTH DEMONSTRATION

MAKING AND APPLYING MUSTARD LEAF, PASTE AND POULTICE; MUSTARD FOOT BATH—FLAXSEED POULTICE.

Articles Required.

1. Mustard.
2. Flaxseed meal.
3. Mustard leaves of various strength.
4. Flour.
5. Foot tub, large pitcher.
6. Bath thermometer.
7. Bath blanket, bath towel, hand towel.
8. Gas stove, saucepan, tablespoon, bowl, cup.
9. Poultice board or small bread board.
10. Gauze, cheese cloth or thin muslin (1 yard).
11. Oil muslin or flannel (1 yard).
12. Olive oil, gauze sponges and small bowl or dish for waste.
13. Binder and safety pins.

Procedure.

For Mustard Leaf. Cut a piece of gauze of one thickness and of sufficient size to cover leaf on both

sides. Dip leaf in tepid water and lay, mustard side up, on a folded towel (see Fig. 57), apply this side to area leaving towel as a covering and to protect nightgown from moisture. Watch reaction of skin frequently and until skin is well reddened. After removing dry skin by patting gently with a soft towel or gauze.

For Mustard Paste. Cut gauze or cheese cloth, one or two thickness (if using gauze, two thicknesses) and two inches larger on all sides than will be required to cover area, lay on poultice board. Put mustard in bowl, about three tablespoons if required to cover an area of 6 to 8 inches, add six to seven tablespoons of flour. Amount of flour will vary according to strength of mustard and age and condition of patient. Old people and children are more easily blistered and a larger proportion of flour must be used. Mix with tepid water until you have a paste that can be easily spread. Spread on center of material which is on poultice board, and fold over edges securely. Place on folded towel with front surface uppermost and carry to bedside. Apply in same manner as mustard leaf. Watch carefully and remove with same precaution as you would a mustard leaf. If patient is restless hold in place with a loose binder which will not prevent observation while paste is on.

Mustard Poultice. Cut gauze or cheese cloth size required, place on poultice board. To each tablespoon of mustard add one cup of flour. If for a

child, use less mustard, according to age. Mix to a soft light consistency and spread on gauze or cheese cloth, cover as for mustard paste. If patient is restless, edges of poultice may be reinforced by taking a few long stitches with needle and thread. Apply in same manner as mustard paste. Watch carefully for reaction and remove in same way.

Mustard Foot Bath. Subject for demonstration in bed. Half fill foot tub with water 100° F. Put one cup of mustard in gauze and tie loosely, shake in water, or thoroughly dissolve mustard in tepid water and then add to water in foot tub. Turn up bed clothes from foot of bed, place bath blanket lengthwise, one end under legs, have patient flex knees. Lift foot tub on blanket, immerse patient's feet, slowly at first, turn up the end of the blanket over patient's knees, turn down bed clothes over foot tub. If desired, cold compress to head.

To add hot water to bath pour from pitcher and against inner side of tub, stirring water at same time. Treatment should last from twenty to thirty minutes.

To remove, turn back bed clothes and bath blanket, have patient raise feet, remove tub, dry feet with bath towel, remove bath blanket, arrange foot of bed.

NOTE: Instruction in counter irritating effect of mustard, the result desired, and the danger of blistering, should accompany this demonstration.

Flaxseed Poultice. Flannel may be used instead of gauze for this poultice, as it retains the heat better than gauze. Cut size required leaving about two inches extra on all sides. Put about one pint of water in saucepan on stove. When water is boiling add flaxseed meal slowly and stir at the same time. Beat mixture until it is light and then spread on center of material (see Fig. 58), turn in edges and cover, sew edges together with long stitches (see Fig. 59). Cover poultice with oil muslin and hand towel, carry to bedside on tray, together with binder, safety pins, olive oil, gauze, sponge and bowl. If applied to abdomen, turn back bed clothes, draw nightgown up, place binder under hips. Rub oil over surface before applying poultice. Apply with same technique as you would a stupe, from the center to the edges, cover with oil muslin, pin binder in place. May be left on for one-half or three-quarters of an hour.

To renew poultice proceed as for making first poultice and take to bedside. Unpin binder, remove oil muslin and poultice, dry skin gently, notice condition of skin, apply olive oil as before, apply poultice with great care as skin is more sensitive than for first poultice, cover with oil muslin, adjust binder. Flaxseed is removed from used poultice, thrown away, and flannel washed and dried. Saucepan should be filled with warm water as soon as emptied.

NOTE: Instruction on effect of this treatment and

on consistency and weight of poultice in various conditions should accompany this demonstration.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

Fig. 57. Mustard leaf ready for application.

Fig. 58. Spreading a flaxseed poultice.

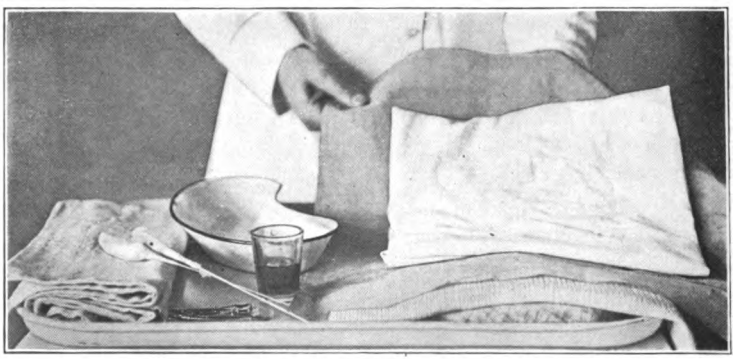


Fig. 59. Poultice ready for application.

THIRTY-FIFTH DEMONSTRATION

PREPARATION OF PATIENT FOR SURGICAL DRESSING

Articles Required.

1. Bed prepared for occupancy, with subject (hospital doll or patient).
2. Dressing tray, provided with:
   (a) Package containing four sterile towels.
   (b) Package containing required sterile instruments.
   (c) Package containing fresh dressing.
   (d) Sterile sponges.
   (e) Iodine, alcohol 50%.
   (f) Small sterilized basin for solution.
   (g) Applicators, adhesive, bandages various widths.
   (h) Paper bag.

Procedure.

Preparation of Patient. Bedding turned down over area to be dressed, patient protected from cold. Surround area with sterile dressing towels. Stand on opposite side of bed to surgeon, have dressing tray or carriage at side, or foot of bed. (See Fig. 61.)

NOTE: Method of assisting surgeon at various types of dressings will be taken up at this point by means of drills. Each student in turn acting as assistant to surgeon and as assistant to dressing nurse. Emphasis should be placed on order and dignity of conducting dressings.

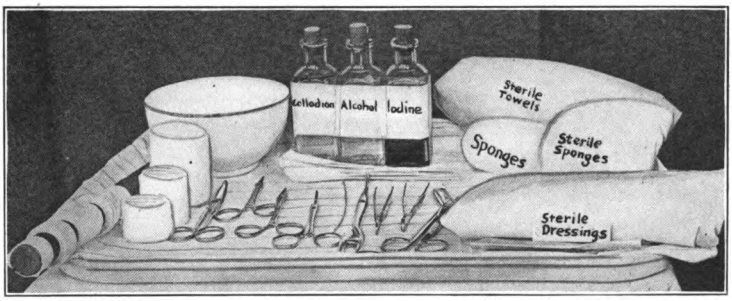


Fig. 60. Dressing tray.

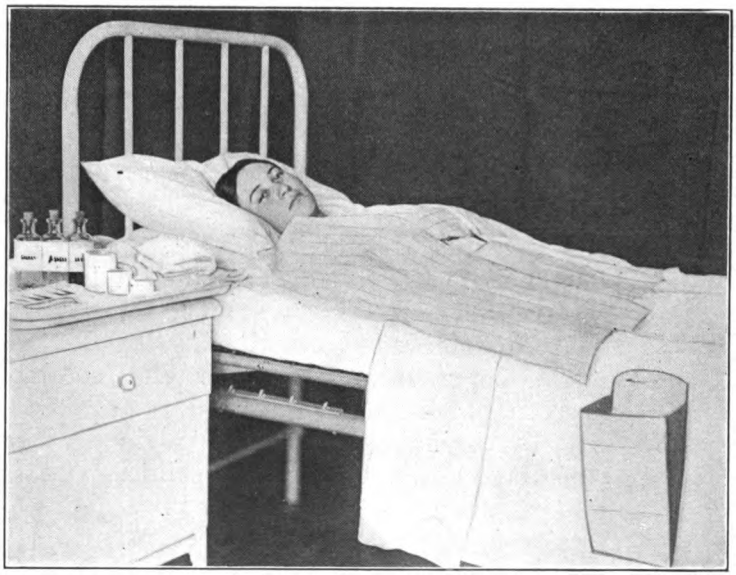


Fig. 61. Prepared for dressing.

THIRTY-SIXTH DEMONSTRATION

EXAMINATIONS

Articles Required.

1. Bed prepared with subject (hospital doll).
2. Large sheet.
3. Long stockings (obstetrical).
4. Flannel nightingale (for shoulder and chest protection).
5. Square of fine linen (auscultating towel).
6. Tongue depressor, metal tape line, colored crayon, paper bag.
7. Tray for vaginal examination, provided with:
   (a) Jar or tube of sterile vaseline.
   (b) Speculum, tanaculum forceps.
   (c) Long uterine dressing forceps.
   (d) One pair long handled blunt scissors.
   (e) Jar of cotton pledgets.
   (f) Two dressing towels, paper bag.
   (g) Hot water, soap, brush, sterile rubber gloves for doctor.
8. Tray for rectal examination provided with:
   (a) Vaseline.
   (b) Hot water, soap, brush, sterile gloves for doctor.

Procedure.

Preparation of Patient for Medical Examination. Patient in bed, nightgown removed, head, if possible, on one pillow, chest covered with flannel nightingale. Bed clothes at foot of bed, turned back and folded to lower edge of mattress, so feet and legs may be easily exposed. If female patient, pin hair up neatly or encircle head with towel. Student on opposite side of bed to physician, holding tongue depressor, auscultating towel, tape line, crayon, paper bag, to receive used tongue depressor, and other articles that may be required by examiner.

NOTE: Instruction in method of assisting examiner in various types of cases is given at this demonstration. This may be done by means of drills, each student in turn acting as assistant.

For Chest Examination out of bed. Remove all clothing to waist, including corsets, encircle head with folded towel. Tuck sheet or two hand towels around clothing at waist. Assist examiner in same manner as when patient is in bed.

For Vaginal Examination. Have subject in bed or on examining table, examining tray or table at convenient side for examiner. In preparation of patient have her urinate and, if necessary, give an enema to empty lower bowel. Wash vulva with soap and water. Turn down upper bedding, place subject across bed, hips well to edge, feet resting on two chairs, head on one pillow. Put on stockings,

drape sheet by giving a reverse twist in middle, place one end of dressing towel under buttocks and turn other end up, covering vulva until doctor is ready. (See Fig. 62.) Place tray of instruments where doctor can reach easily. Student stands on one side of patient and holds legs in position, flexed on abdomen, during the examination. After examination, if necessary, bathe vulva, place patient in bed comfortably.

For Rectal Examination. Have subject in bed or on examining table, tray containing required articles at convenient side for examiner.

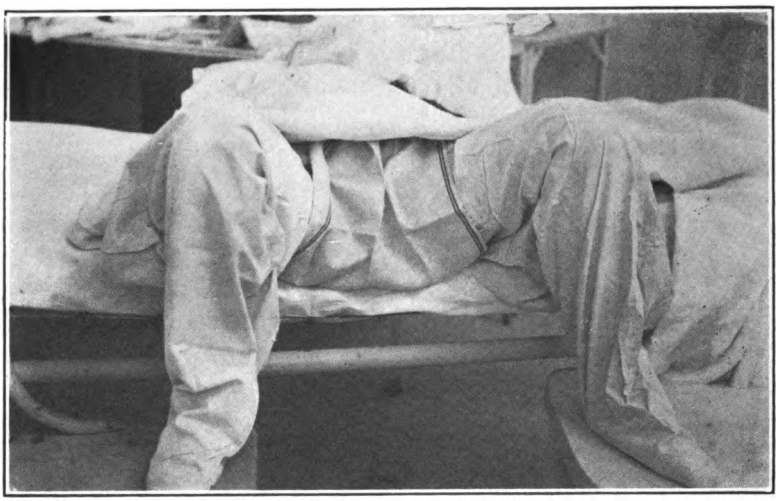


Fig. 62. Patient prepared for vaginal examination.

If examination is to be made with patient in dorsal position, place in same position as for vaginal examination, if on side, turn patient on left side, draw hips to edge of bed, flex knees, turn down upper bedding to foot of bed. Cover patient with sheet, draw up nightgown well above hips and place dressing towel under buttocks.

THIRTY-SEVENTH DEMONSTRATION

PREPARATION FOR LAVAGE, LUMBAR PUNCTURE, PARACENTESIS

Articles Required for Lavage.

1. Stomach tube boiled and in basin of iced water.
2. Basin to receive stomach contents.
3. Glycerin in medicine glass to lubricate tube.
4. Light weight rubber apron.
5. Two towels.
6. Foot tub.
7. Pitcher of solution, boric acid or soda for washing out stomach.
8. Glass of drinking water.
9. Subject (hospital doll or patient).

Procedure.

If patient is out of bed remove collar and loosen clothing at neck. Tie rubber apron around neck and tuck towel over edge around neck. Patient to sit on chair, foot tub placed at feet to receive washings. (See Fig. 64.)

If patient is in bed, move to edge of bed toward operator, head and shoulders propped up with pil-

lows, place towel over pillows, tie rubber apron around neck, tuck towel over edge around neck. Make a trough of apron into foot tub beside bed. If foot tub is small, place newspapers on floor under tub to avoid soiling floor or rug. Patient will require a glass of water after lavage.

If contents are to be saved, see that basin is covered with towel on taking from room or ward to laboratory.

Articles Required for Lumbar Puncture.

1. Bed with subject (hospital doll or patient).
2. Small blanket or nightingale to cover shoulders.
3. Preparation tray, containing:
   (a) Liquid soap.
   (b) Bowl of hot water.
   (c) Razor.
   (d) Gauze sponges.
4. Puncture tray, containing:
   (a) Alcohol, 70%.
   (b) Iodine, 3½%.
   (c) Jar or package of sterile sponges.
   (d) Package of sterile towels.
   (e) A local anaesthetic, as ordered.
   (f) Two sterile lumbar puncture needles,
   syringe 30 cc.,
   syringe 10 cc.
   (g) Kidney basin.
   (h) Four sterile test tubes to receive fluid.

(i) Surgical dressing or collodion.

Preparation of patient.

Turn patient on side and draw back to edge of bed, draw up nightgown and arrange bed clothing so that back at lumbar region will be well exposed and clothing out of the way of operator, knees flexed, shoulders bent forward. Place dressing towel on bed below point of puncture. If necessary, shave area, wash thoroughly with soap and water, sponge with alcohol. Place tray containing articles required in convenient place for physician. Scrub hands thoroughly and disinfect, surround area with sterile towels. If required, paint area with iodine. Assist physician as indicated and at same time watch condition of patient.

Articles Required for Paracentesis.

1. Bed with subject (hospital doll or patient).
2. Small blanket or nightingale for shoulders.
3. Board under springs, if patient is on edge of bed.
4. Back rest and two or three extra pillows.
5. Two chairs on which patient will rest her feet.
6. One chair for operator.
7. Large basin or pail to receive fluid.
8. Sterile bottle, if fluid is to be examined.
9. Laparotomy stockings.
10. Abdominal binder and safety pins.
11. Preparation tray, as for lumbar puncture.

12. Tray, containing:
    (a) Trocar and cannula, rubber tubing attached.
    (b) Scalpel.
    (c) Probe.
    (d) Scissors.
    (e) Artery clamp.
    (f) Suture needles and suture silk.
    (g) Forceps.
    (h) Package of sterile sponges.
    (i) Package of sterile towels.
    (j) Gauze dressing, adhesive plaster.
    (k) Local anaesthetic.

Procedure.

Draw up patient's nightgown well above hips and pin securely in place with safety pins. Shave surrounding area, if necessary, and clean where puncture will be made, which is between umbilicus and pubes. Draw on laparotomy stockings and pin to nightgown on each side. Turn down upper bed clothes to foot of bed. Lift patient to side of bed and place in sitting position with feet on chairs and back supported by back rest on pillows. Cover shoulders with blanket. Place tray in convenient place for physician. Clean and disinfect hands, place sterile towel on each thigh, paint area with iodine. Assist operator as indicated. After removal of cannula, wound is dressed, patient returned to lying position, abdominal binder pinned on

tightly. Dressing and binder will require changing later as fluid continues to exude.

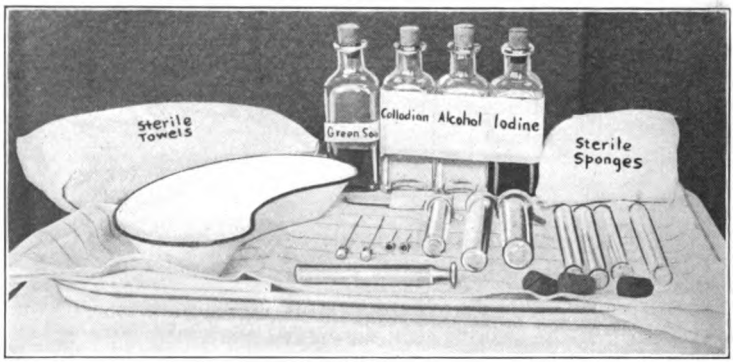


Fig. 63. Lumbar puncture tray.

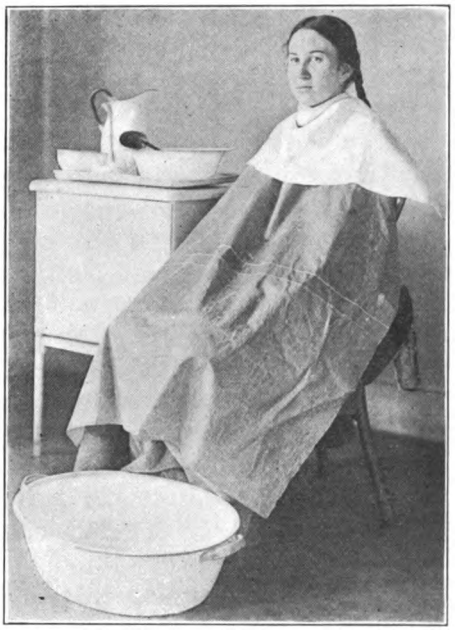


Fig. 64. Prepared for lavage.

THIRTY-EIGHTH DEMONSTRATION

HYPODERMOCLYSIS

Articles Required.

1. Bed prepared with subject (hospital doll).
2. Irrigator stand.
3. Large tray, containing:
   (a) Sterilized container or solution bottle.
   (b) Special needles with rubber tubing attached.
   (c) Sterilized glass graduate, pitcher or flask containing salt solution (8.5 grams. to 500 cc. or 3 i to 500 cc.), temperature 110 to 120 degrees F.
   (d) Package of large cotton pledgets.
   (e) Bottle of tincture of iodine 5% and swabs for applying same.
   (f) Glass thermometer (sterilized in lysol or alcohol), paper bag.
   (g) Collodion or a roll of adhesive.
   (h) Package of sterile towels.

Procedure.

Place patient in comfortable position. If fluid is to be injected into breasts, draw up or adjust night-

gown so that both breasts will be exposed. Cleanse area with soap and water, cover with clean dressing towel. Place tray in convenient position, open sterile packages. Return to dressing room, scrub and disinfect hands. Have patient remove towel covering breasts, place sterile towels in place, paint lower portion of each breast with iodine. Put salt solution, required temperature, into container and hang on irrigator stand at height ordered. Tubing with needles attached is adjusted and fluid allowed to flow through tube until it is warm and air expelled. Needles are then inserted usually by doctor, though may be done by nurse, and fluid allowed to flow in slowly. Temperature may be maintained by adding salt solution from a second flask of higher temperature. Temperature in container should be kept at 100 to 105° F., as ordered. Absorption may take place slowly and can be aided by gentle massage, manipulating from needle in an outward direction over breast. After fluid has been absorbed, remove needles, cover punctures with sterile sponge held in place with a strip of adhesive, or seal with collodion.

NOTE: Instruction in the physiological process of absorption, strength and action of physiological salt solution, also method of maintaining temperature of fluid and regulating flow in accordance with absorption, will accompany this demonstration.

THIRTY-NINTH DEMONSTRATION

PROCTOCLYSIS

Articles Required.

1. Bed prepared with subject (hospital doll).
2. Irrigator stand and can.
3. Rubber sheet 20 × 30 inches.
4. Bath towel, dressing towel.
5. Hot water bag.
6. Proctoclysis tray provided with:
   (a) Special proctoclysis tube and accessories.
   (b) Glass graduate containing fluid, salt solution one half physiological strength, at temperature of 100 to 105° F.
   (c) Bath thermometer.
   (d) Vaseline, applicator.

Procedure.

Place rubber sheet covered with bath towel under buttocks, adjust tubing, pour liquid into irrigating can, and allow to run through until tube is warm, lubricate tip with vaseline and insert carefully. Regulate flow, which is usually 3 drops per second. If necessary to hold nozzle in place, apply a strip of

adhesive plaster over tube close to nozzle and fasten to patient's thigh. See that temperature of fluid is maintained throughout treatment. Watch patient carefully to see that absorption is taking place and fluid is not expelled.

If regular proctoclysis outfit is not used, a proctoclysis tube or a catheter No. 12E may be substituted. To maintain temperature, a hot water bag or can placed on bed at side of patient and a part of the tubing brought in contact with it will keep fluid warm. Renew in irrigating can as fluid becomes cool.

NOTE: Instruction on physiological process of absorption, and method of accurately regulating flow, also maintaining proper temperature of fluid under various conditions, will accompany this demonstration.

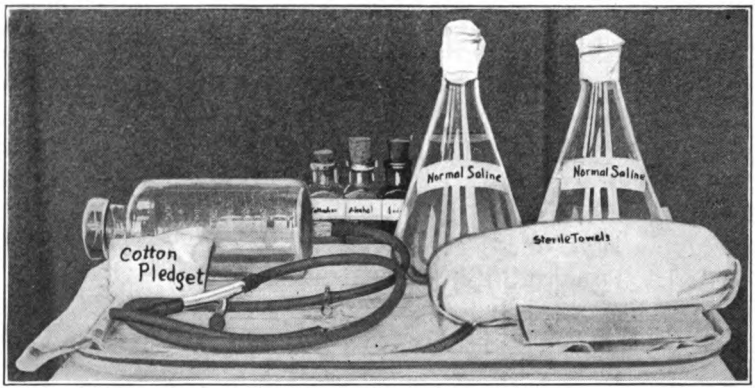


Fig. 65. Hypodermoclysis tray.

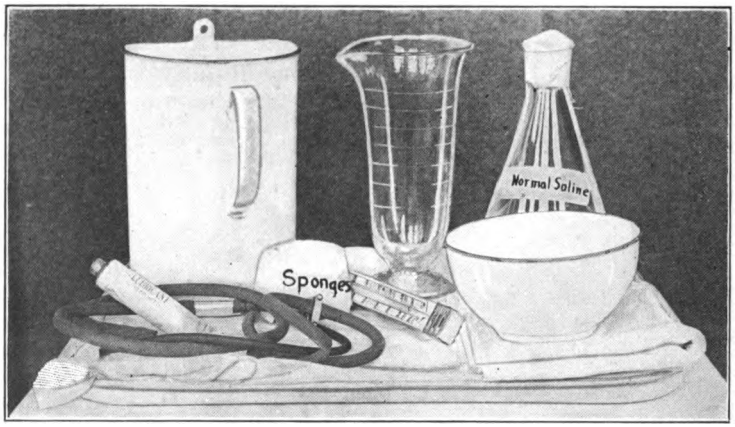


Fig. 66. Proctoclysis tray.

FORTIETH DEMONSTRATION

ADMINISTRATION OF MEDICINES

Articles Required.

1. Bottle containing the more commonly used drugs and clearly labeled.
2. Boxes containing powders, capsules, suppositories, etc.
3. A medicine tray, containing 6–12 medicine glasses.
4. Three glass graduates, one each marked for minims, cubic centimeters, ounces.
5. Medicine droppers, glass tube, teaspoon, glass medicine rod.
6. Tablet dish or spoon.
7. Small glass pitcher containing cold fresh water.
8. Medicine list, order book, or chart.
9. Gauze or cotton squares.
10. Small glass or metal tray.

Procedure.

Read medicine list carefully or written order on chart or in order book as case may be. Select drug ordered, read label carefully, read order and see that

it corresponds exactly with label. If a fluid drug, pour exact quantity from bottle, either into minim, c.c. or ounce glass, according if minims, cubic centimeters or ounces are ordered. If in drops, use medicine dropper, do not pour from bottle. In pouring always turn bottle with label uppermost, so that it will not become defaced from fluid dropping on it. Wipe mouth of bottle with gauze or cotton wipe. As bottle is replaced look once more at label and again at order. Dilute drug with water as required and take to patient on small tray with an empty glass and pitcher of water. If giving a number of drugs at one time, each glass should be labeled with patient's name or number of bed. This may be done by using either squares of cardboard numbered and placed over glass or having bed numbers painted on tray on which place the glass pertaining to the

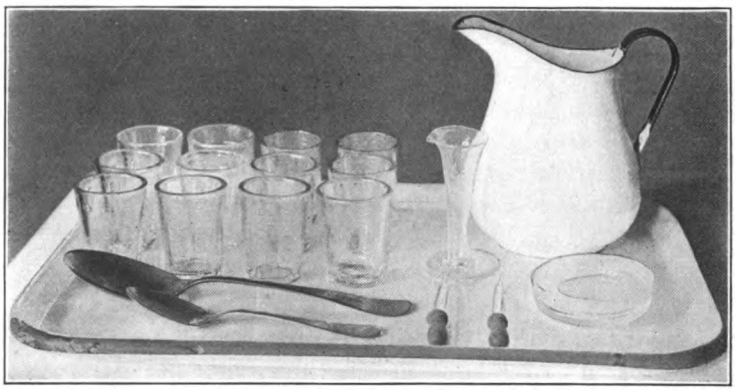


Fig. 67. Medicine tray.

number. In taking drugs to patients, always carry a pitcher of water.

In giving pills, capsules, or tablets, take drug on tablet dish or spoon with a glass of water on small tray. Patient will take tablet or pill from spoon or it can be placed in the patient's mouth directly from the spoon. Give a drink immediately after.

To give a powder, take powder and glass of water on small tray to patient, open paper and place powder well back on tongue, give a glass of water immediately after.

To give a Seidlitz powder, empty each paper into a separate glass and carry to patient on tray with pitcher of water and teaspoon or glass rod. Add water to each, about one-third glass, and dissolve. Pour one into the other and give while it is effervescing.

To give oil, such as castor oil, squeeze 2 or 3 drams of lemon or orange juice into a glass. Add the oil amount ordered and to this add one-half teaspoon of sodium bicarbonate. Stir well and give while effervescing. Follow by orange or lemon juice or some effervescing water. Cracked ice in the mouth before or after taking will also aid to disguise taste.

In giving drugs that may affect the teeth, always use a glass tube or straw.

To give a suppository, lubricate point well with vaseline and place in a square of toilet paper which carry in a folded dressing towel to patient. Insert into rectum at least three inches. Use pressure on

anus with towel until there is no danger of expulsion. In case of a glycerin suppository, it is not necessary to lubricate.

NOTE: Instruction in the method of giving certain specific drugs, in the care of medicine glasses and other equipment with special emphasis as to method of cleansing, and attractiveness in administering to patient, should accompany this demonstration. Instruction should be given in method of taking physicians' orders with special reference to the danger of *verbal* orders and the requirement of carrying out only *written* orders. Instruction should be given in the method of giving poisonous and narcotic drugs.

FORTY-FIRST DEMONSTRATION

GIVING INHALATIONS—CROUP TENT

Articles Required.

1. Stove, kettle of boiling water.
2. Inhalation apparatus (may be inhaler as used in hospital, glass flask, or a pitcher and paste-board funnel.
3. Drug (compound tincture of benzoin).
4. Child's cot with frame of wood or gas pipe.
5. Sheets or blankets for constructing tent.
6. Bath towel.
7. Croup kettle apparatus.

Procedure.

Fill inhaler with boiling water, add one dram of tincture of benzoin. If sitting up, patient may hold inhaler in lap. If in bed, turn patient to one side. In both cases head may be covered with bath towel so that moist fumes may be easily inhaled.

For Croup Tent. Child's cot with frame attached. Place blanket or sheet over frame, which should cover cot with exception of one side on which leave an opening for ventilation. Tuck in child securely. Place croup kettle at one side with spout

directed upwards and well above the child's head, so there will be no danger of the hands coming in contact with the steam.

NOTE: A croup kettle should not be used over an alcohol or gas flame. An electric plate covered with a metal or asbestor hood which encloses stove and kettle is safe and obviates danger of fire.

As all procedures in the care of sick children require close observation on the part of the student, instruction, including emphasis on this point, should accompany this demonstration.

STUDENT'S NOTES ON INSTRUCTION AND REFERENCES:

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